

Carmela Valles Immigration Consulting

175 George St., North
Chamber Business Centre
Peterborough, ON K9J 3G6



Phone (705) 761-2244

Fax (705) 743-2331

E-mail: info@carmelavalles.com
www.carmelavalles.com

COMPLAINTS FORM

Personal Details

| | | | |
|---------------------------------|--------|-------------|-------|
| Please circle: Mr. Mrs. Ms. Dr. | | Date: | |
| Surname: | | First Name: | |
| Mailing Address: | | | |
| Residential Address: | | | |
| CONTACT DETAILS: | Home: | Work: | Cell: |
| Fax: | Email: | | |

Nature of Problem

| | | | |
|---|--|-----------------------------------|--|
| Please indicate the nature of the complaint in the space below and provide the specific information requested. Please attach separate paper if necessary. | | | |
| | | | |
| Date incident occurred: | | Name of Person Complaining About: | |

The information stated above (or as attached) is an accurate account of the complaint to the best of my knowledge. I understand that this complaint will be treated confidentially. However, it may be necessary for *Carmela Valles Immigration Consulting* to contact me in order to obtain more information on the complaint, and I will assist as necessary. I understand that my complaints will be addressed in writing by the Consultant of *Carmela Valles Immigration Consulting* within 5 working days from which the complaint was received.

Signature: _____ Date: _____

| | | | |
|---|--|---|--|
| OFFICE USE ONLY: | | Complaint # _____ | |
| Date Complaint Received: | | | |
| Staff Member Receiving Complaint: | | | |
| Staff Member's Signature: | | | |
| Date Complaint Investigation Began: | | | |
| Date(s) Contacted Complainant for More Information: | | Date Written Correspondence Sent to Complainant from Consultant / Director: | |