



Complaint Form (External)

Contact Information (*please print*):

This is optional however please recognize that without any personal information we will be unable to contact you directly for further clarification or a resolution.

Today's Date: _____

Your Name: _____

NLC Location (if applicable): _____

Please provide your preferred contact information (optional):

Home Address: _____

Telephone Number: _____

Email Address: _____

Note: If you have any specific needs regarding our communication with you with respect to this complaint, please describe them here or contact our Accessibility Champion Peter Scott directly at 800 361-4642 or pスコット@northernlightscanada.ca.

1. Is your concern related in any way to the accessibility of our services or facilities? Please circle: Yes No
2. Briefly state your complaint, and the facts related to it (*Dates, situation, individuals involved, etc.*)

3. What remedy are you seeking?



4. Name of the NLC individual to whom you are directing this complaint for resolution, if known.

Please deliver a hard or electronic copy of this form to any NLC staff person, who will ensure it is handled quickly.

OFFICE USE ONLY:

Date received _____ (dd/mm/yyyy)