FORM B (reg. 2(2))

COMPLAINT FORM

Name of complainant	
Name of authorized representative of the complainant (if any)	
Address of complainant or authorized representative (Attach sketch map to complainant's residential address)	
Phone number of complainant or authorized representative	
Email address of complainant or authorized representative, if available	
If the complainant is represented by a third party, provide a copy of documentation confirming that the representative is duly appointed by the complainant for representation in all matters relating to the complaint and any investigation by the Registrar	
Description of the alleged violation and supporting documentary evidence (Please provide as much detail as possible)	
Name(s) and address(es), phone number(s) and email address(es) of any relevant third party(ies) that may have information about the alleged violation	
If you do not wish your identity to be disclosed to any party, please indicate this and explain the reasons	

Certification:

I hereby certify that, to the best of my knowledge, the provided information is true and accurate.

Complainant's first name:.....

Middle name/initial:.....

Complainant's surname:.....

Representative's name (if applicable):.....

Signature of complainant/representative:..... Date:.....