



The information given will be kept confidential and protected

Complaint file number: _____

COMPLAINT FORM

TENANT'S IDENTIFICATION

Name of the local manager contacted: _____

Name of the director contacted: _____

Name: _____ First name: _____

Date of birth: ____ / ____ / ____

P.O. Box: _____

Community: _____

P.O. : _____ # Tenant number: _____

Phone at home: _____ Phone at work: _____

Email: _____

IDENTIFICATION OF THE PERSON OR THE ORGANISATION WHO'S ASSISTING THE TENANT, IF IT'S THE CASE.

Name: _____ First name: _____

Date of birth: ____ / ____ / ____

Address (house number): _____

Village: _____

P.O. : _____ # Tenant number: _____

Phone at home: _____ Phone at work: _____

Please contact the KMHB, if you need any information or assistance, at 819-964-2000 X 250





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Complaint file number: _____

COMPLAINT

Date of the event: ____ / ____ / ____

Place & service concerned: _____

Employee concerned (if necessary): _____

OBJECT OF DISSATISFACTION:

Description of the event (what happen?) – Witnesses:

(if necessary, use another paper)

RESULTS EXPECTED BY THE TENANT

Tenant's signature

Date

Please send this form filled to:

KMHB – Complaint Office, P.O. Box 1200, Kuujuaq, Quebec, J0C 1C0