**Complaint handling form for merchant complaints pertaining to the Code**

|  |  |  |
| --- | --- | --- |
| Name of person submitting the complaint |  | |
|  |  | |
|  |  | |
| Merchant business name |  | |
|  |  | |
| Merchant street address |  | |
|  |  | |
| City |  | |
|  |  | |
| Province/Territory (drop down menu) |  | |
|  |  | |
| Postal code |  | |
|  |  | |
| Phone number |  | |
|  |  |
| E-mail address |  | |
|  |  | |
| Name of acquirer |  | |
|  |  | |
| Date merchant spoke with acquirer |  | |
|  |  | |
| Name of payment processor |  | |
|  |  | |
| Merchant Number |  | |
|  |  | |
| Name of acquirer representative |  | |
|  |  | |
| The policy element of the Code that the complaint pertains to | Please select | |
|  |  | |
| Please provide a summary of your complaint |  | |
| Upload, email or mail supporting documents, if applicable |  | |