**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 |  |