



Submit a Complaint

Please use this form to tell us about your complaint to Christians Against Poverty Canada.

Section 1: Contact Details

Complainant Details (the person/people making the complaint):

First Name:

Last Name:

Address:

City:

Prov.:

Postal Code:

Phone Number:

Email:

Date of Birth:

CAP Client Number (if applicable):

Form Submitter Details (the person filling this form on behalf of the complainant):

First Name:

Last Name:

Address:

City:

Prov.:

Postal Code:

Phone Number:

Email:

Date of Birth:

Relationship to Complainant:

Section 2: The Complaint

Please tell us about your complaint:

Please tell us what you feel should or should not have happened:



Submit a Complaint

Section 2 Continued

Please tell us what you would like us to do now:

Section 3: Confirmation and Signatures

We will use the details you give us on this form to investigate your complaint.
We may request more information from you.
You will receive a response within five business days of the receipt of your complaint.

Please check the boxes below to show you included:

- copies of any correspondence you think is relevant to your complaint
- copies of other relevant information
- everything you want to tell us about your complaint.

All complainants listed in section 1 above must sign below, even if someone else is complaining on their behalf to show they have given permission to issue the complaint.

Complainant Signature: _____

Print Name: _____ Date: _____

Complainant Signature: _____

Print Name: _____ Date: _____

Please hand this form to your Debt Coach, email it to riskmanagement@capcanada.org, or mail to the Christians Against Poverty head office at 301-286 Sanford Ave N, Hamilton, ON L8L 6A1.