



Complaint Form

Please complete all sections on this form.

1 Complainant Information

Your Last Name:		First Name:	
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.			
Address:			
City/Town:		Province/State:	
Postal/Zip Code:		Country:	
Home telephone:		Work telephone:	
Fax number:		E-mail:	
May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
May we correspond with you by e-mail? <input type="checkbox"/> Yes <input type="checkbox"/> No			

2 Member Information

Immigration Consultant's Name:			
Business Name:			
Address:			
City/Town:		Province/State:	
Postal/Zip Code:		Country:	

3 Please answer the following questions

Did this Immigration Consultant represent you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, whom does this Immigration Consultant represent?	
If no, the client of the Consultant must fill out and sign an <u>Authorization to Represent form</u> (see page 4) on behalf of the Complainant. (Same as question 1)	
Does this Immigration Consultant still represent you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when did you hire this Immigration Consultant?	
If no, why not?	
On what date did this immigration consultant cease to represent you?	

4 Briefly describe your concerns. If more space is needed please attach additional pages.

5	Have you tried to discuss your complaint with the Immigration Consultant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If no, why not?	
	If yes, what was the result?	
6	What can the Immigration Consultant do to address and/or resolve your concerns?	
	Please note that this information may be used to attempt a resolution.	
7	What do you hope to see happen as a result of your complaint?	
8	Have you filed a complaint with another agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please provide the name of the agency and details of the results of the investigation.	
9	Were you provided with a retainer agreement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please provide a copy. If no, why not?	
10	Were you provided with receipts for fees paid?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please provide copies. If no, why not?	
11	Were you provided with a statement of account?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please provide copies. If no, why not?	
12	Are copies of relevant e-mails and other correspondences attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If no, why not?	

Please provide copies of all other relevant documents to support the allegations contained in your complaint.
Please do not send originals.

Date: _____

Signature: _____



CSIC | Canadian Society of
Immigration Consultants
SCCI | Société canadienne de
consultants en immigration

Munich Re Centre Centre Munich Re
390 Bay Street, Suite 1600, Toronto ON M5H 2Y2 390, rue Bay, bureau 1600, Toronto (Ontario) M5H 2Y2
Phone: 416-572-2800 Fax: 416-945-6276 Tel: 416-572-2800 Téléc.: 416-945-6276
complaintsintake@csic-scci.ca

Authorization to Represent

To: The Canadian Society of Immigration Consultants (CSIC),
Complaints and Discipline Department

Date: _____

Subject: Authorization to Communicate in Writing and Orally on my behalf

Please take Notice that I, _____ authorize
(print full name of the client of the member)

the following individual _____
(print full name of designated individual)

to communicate with CSIC on my behalf, regarding all matters pertaining to my complaint.

If applicable:
I have had this authorization translated from my native language which is
_____ and I understand the substance.

Signed *(by the client of the member)*: _____

Date: _____ at: _____

Translator's Statement (if applicable)

Translated From _____ Translated by _____
Native language of client of member Full Name of Translator

I have faithfully translated the substance of this authorization, and am satisfied that the authorization is properly understood.

Signature of Translator _____ Date: _____

Relationship to complainant: _____



AUTHORITY TO RELEASE PERSONAL INFORMATION TO A DESIGNATED INDIVIDUAL

Complete this form if you authorize Citizenship and Immigration Canada (CIC) and Canada Border Services Agency (CBSA) to release information from your case file to someone other than yourself.

If your spouse or common-law partner wishes to release personal information to the same designated individual, he or she should sign in the space provided. Your dependent children who are 18 years of age or older must complete their own copy of this form if they wish to authorize CIC and CBSA to release their information to a designated individual.

The individual you designate will be able to obtain information such as the status of your application and will be able to change your address if you move. However, he or she will **not** be a representative who can conduct business with CIC and CBSA on your behalf. If you wish to be represented, you must complete and submit form *Use of a Representative* (IMM 5476).

Choose one

I authorize Citizenship and Immigration Canada and Canada Border Services Agency to release information from my case file to the following individual.

I withdraw my authorization to release information from my case file to the following individual.

1. Your full name

Family name (Surname)

Given name(s)

2. Your date of birth

Day	Month	Year

3. If you have already submitted your application:

Name of office where the application was submitted

Location of office

Type of application (permanent residence, extension of study permit, etc.)

4. Your Client Identification (ID) or Unique Client Identifier (UCI) number identification number (if known)

5. Your designated individual's full name

Family name (Surname)

Given name(s)

6. Your designated individual's contact information

Name of firm or organization (if applicable)

Mailing address

City Province/State/Territory

Country Postal code/Zip

Telephone number	Country code	Area code	Number
	()	()	

Fax number	Country code	Area code	Number
	()	()	

E-mail address (if applicable)

7. Your declaration

- I understand the following statements, having asked for and obtained an explanation for every point that was not clear to me.

If you are giving your authorization

- I authorize Citizenship and Immigration Canada and Canada Border Services Agency to release information from my case file to the individual named above.
- I understand that this consent only allows the disclosure of my personal information and that of my dependent children under 18 years of age.
- I am aware that some information may not be released if it is subject to exemption under the *Privacy Act* or the *Access to Information Act*.
- I further authorize the designated individual to update the address listed in my file, as required.

If you are withdrawing your authorization

- I withdraw my authorization to release information from my case file to the individual named above.

Signature of applicant

Date

Signature of spouse or common-law partner (if applicable)

Date

If you have not yet submitted your application: Send this form along with your application to the office listed in your respective application kit.
If you have already submitted your application: Send this form to the office where you submitted your original application.

The information you provide on this form is collected under the authority of the *Privacy Act* and will be used in assessing your request according to the requirements of the Act. It will be retained in a Personal Information Bank identified in **Infosource**. It may be shared with other organizations in accordance with the consistent use of information under the *Privacy Act*. Under the *Privacy Act* and the *Access to Information Act* individuals have the right to protection of and access to their personal information. Details on these matters are available at infosource.gc.ca and through the Citizenship and Immigration Call Centre. **Infosource is also available in Canadian public libraries.**