



COMPLAINT RESOLUTION PROGRAM

It is important that CdnVISA know when Clients have complaints so that they can be fairly and efficiently resolved. Once resolved, client confidence is restored and the experience can be used to improve future client services. This form is the first step in the CdnVISA complaint Resolution Program.

Completed Forms will receive a written response within 30 days.

CdnVISA cannot release any confidential Client information without notarized client authorization.

The Canadian Society of Immigration Consultants will not accept complaints until the complainant can demonstrate that resolution was attempted via the CdnVISA Complaint Resolution Program.

Last name: _____ (Please Print) First Name: _____ (Please Print)

Date of birth: ____/____/____ CdnVISA Client # _____
(day) (month) (year)

Address: _____
(number, street, apartment number) (city) (province) (country) (postal code)

Telephone (Day): _____ Telephone (Night): _____ Email _____

1) CONFIRM THAT YOU HAVE READ YOUR CDN VISA SERVICE AGREEMENT (ATTACHED)

2) DETAIL YOUR COMPLAINT

3) WHAT IS YOUR EXPECTED RESULT OR PROPOSED RESOLUTION?

4) ATTACH REQUIRED ADDITIONAL PAGES AND DOCUMENTS REFERRED TO IN THIS FORM.

Signature: _____ Date: _____

Mail, Fax or Email to:

CdnVISA Consultants
Attention Frank Goldberg CEO
204- 675 Pembina Hwy
Winnipeg MB R3M 2L6

Fax: 204-982-2832

Email fhg@CdnVISA.com