



Complaint Form (External)

Contact Information (please print):

This is optional however please recognize that without any personal information we will be unable to contact you directly for further clarification or a resolution.

Today's Date: _____

Your Name: _____

AGILEC Location (if applicable): _____

Please provide your preferred contact information (optional):

Home Address: _____

Telephone Number: _____

Email Address: _____

Accessibility Notice: If you have any needs regarding the accessibility of our communication with you about this complaint, please describe them here or contact our Accessibility Champion, Lisa Yassein directly at 800 361-4642 or lyassein@agilec.ca.

1. Is your concern related in any way to the accessibility of our services or facilities?
2. Briefly state your complaint, and the facts related to it (*Dates, situation, individuals involved, etc.*):
3. What remedy are you seeking?
4. Name of the AGILEC individual to whom you are directing this complaint for resolution, if known:

Deliver a hard or electronic copy of this form to any AGILEC staff person, or send it directly to Brian Martin, Vice President Quality Assurance, bmartin@agilec.ca.

OFFICE USE ONLY: Date received _____ (dd/mm/yyyy)



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