



# ACSESS Complaint Form

## Complainant Information:

Name: \_\_\_\_\_ Company:(if applicable) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

- Check the category that applies to you:
- ACSESS member
  - Client
  - Candidate/Temporary worker/IC
  - Temporary Foreign Worker
  - Third Party
  - Other

**Date of incident:** \_\_\_\_\_ **Time of incident:** \_\_\_\_\_

Please provide the full name and contact information of the person/company the complaint is about.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Nature of Complaint:

- Breach of ACSESS Code of Ethics     Workforce Transfer     TFWP     Other

## Details of Complaint:

Identify the provisions of the Code of Ethics or other policies, guidelines, laws or regulations that has been infringed.

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\_\_\_\_\_

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