



Please use this form to file a complaint with the Enforcement Department of the Mutual Fund Dealers Association of Canada. Receipt of your complaint will be acknowledged and if further information is required a Case Assessment Officer will contact you. If you have trouble completing this form please call 1-888-466-6332 (selection option #1) to speak to an MFDA staff member who will assist you.

While an individual may file a complaint on behalf of someone else, we require written authorization from that person in order to proceed with our review of the complaint.

### Printable Complaint Form

#### 1. Your Information

Mr./ Mrs./ Ms. / Miss / Dr. \_\_\_\_\_  
Please Print Name in Full

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

#### 2. Account Information

Name of Dealer: \_\_\_\_\_

Name of Approved Person (Mutual Fund Salesperson): \_\_\_\_\_

Number of Accounts at Dealer: \_\_\_\_\_

If you are filing this complaint on behalf of another person please provide that person's name and address:

\_\_\_\_\_

\_\_\_\_\_

#### 3. Complaint Summary

Please provide a brief, chronological summary of your complaint. Please attach any relevant documentation you may have. Further details may be requested from you at a later date.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### 4. Authorization

By completing this form you are authorizing MFDA staff to direct your complaint and any related documents to any MFDA Member Dealers or other regulatory bodies we deem appropriate.

If you do not agree to this release please check the box below:

- Do not forward my complaint or any related documents to any MFDA Member Dealers or other regulatory bodies without my consent.

#### 5. Your Signature

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If you are filing this complaint on behalf of another person, please have the person(s) sign below:*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Your complaint form and documentation can be mailed or faxed to the address and number below:**

Mutual Fund Dealers Association of Canada  
Enforcement Department, Case Assessment  
121 King Street West, Suite 1000  
Toronto, Ontario, M5H 3T9  
Fax: (416) 361-9073

DM#115801v5