

## Complaint handling form for merchants complaints pertaining to the Code

First name	
Last name	
Merchant business name	
Merchant street address	
City	
Province/Territory	
Postal code	
Phone number	
E-mail address	
Name of acquirer	
Name of payment processor	
Merchant ID#	
Name of sales representative	
The policy element of the Code that the complaint pertains to	
Please provide a summary of your complaint	