



## COMPLAINT HANDLING PROTOCOL FORM

Company Name

Company Licence Number (For FSCO use)

### COMPANY/OMBUDSMAN LIAISON REPRESENTATIVE

(This name will be given out on request)

Name

Titles

Company Address

City

Province

Postal Code

Telephone Number  
(direct line)

Area Code

Fax  
Number

Area Code

### Third party mechanism for complaints remaining unresolved at the company level

CLHIO                       GIO                       OBSI

(If you use more than one FSON Ombudservice, please attach a note indicating which complaints go where)

OIO/FSCO

Other. Please specify \_\_\_\_\_

The company has a complaint Protocol that has been communicated to all staff, adjusters and distribution systems. Information about the Protocol is readily available to consumers upon request.

Signature of Officer

Date

Year

Month

Day

Title of Officer

**Note: Please notify the Ombudsman Services Branch of any information changes**