



Nova Scotia Securities Commission
PO Box 451, Halifax, NS B3J 2P8

COMPLAINT FORM

Mr. /Mrs. /Ms. /Miss /Dr.

(First, last and middle name – please print)

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Telephone: () _____ Business Telephone: () _____

Fax: () _____ Email: _____

Account Information

Name of Dealer or Company: _____

Name of Salesperson: _____

Number of Accounts at Dealer or Company: _____

Have you contacted your salesperson in writing regarding this complaint?

Yes No

Have you contacted the dealer or company's head office in writing regarding this complaint?

Yes No

Have you contacted the appropriate Self-Regulatory Organization (SRO, i.e. MFDA/IIROC)?

Yes No

