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FORM					
CUSTOMER COMPLAINT					
Supersedes Document / Revision No.:		Revision date:			

To help us ensure that we understand your complaint and can respond promptly, please complete this form and return to the Great Lakes Pilotage Authority at the following address: 202 Pitt Street, 2nd.

loor, Cornwall, ON, k	6H 5R9 or by e-mail at:	complaint.plainte(@glpa-apgl.com		
	cu	STOMER INFORM	ATION		
Last Name :			First Name :		
Address :	City:		Province :	Postal Code :	
Contact Phone Numbe	r:())		Alternate Phone Number : ()	
E-mail Address :			Business Name :		
	COI	MPLAINT INFORM	ATION		
Complaint Date :					
Type of Complaint :		-			
Summary of Complain	t (Details, location, GLPA o	employee involved,	enclosures):		
Please tell us how you	would like to see your co	mplaint resolved:			
	Signature		Date		