

Purpose

The St. Paul & District Chamber of Commerce, as an advocate for better business practices, endeavours to provide a forum for feedback that will effectively and efficiently, and in a constructive and respectful manner, address customer/consumer concerns.

Scope

This policy applies to local business (within our geographical region) or a member of the business community. This policy is not intended to address concerns of illegal or criminal activity. The St. Paul & District Chamber of Commerce scope is to report and to bring awareness of concerns brought forward and are not responsible for the outcome or resolution of concerns.

Application Guide

Customer/Consumer feedback must be received in a written format. This may include the Written Feedback Form submitted electronically, email or hard copy (letter) format.

All feedback must be accompanied by the following FOIP disclaimer confirming the submitting party has reviewed and acknowledges and accepts the following terms.

- a. "By submitting this form, you acknowledge the collection, use and disclosure of your personal information for the purpose of addressing concerns outlined in this written complaint. You acknowledge and consent to this information being shared with the direct parties listed on this form with the purpose of resolving this specific concern."

Feedback or concerns which are not in writing or in which the submitter does not review, acknowledge, and accept the terms of FOIP will not be entertained.

All complaints received meeting the above criteria 1 & 2, will be addressed by the Executive Director and/or Board of Directors and responded to accordingly.

Written Complaint Form

Please complete this form to address concerns regarding a business or a member of the business community. The St. Paul & District Chamber of Commerce will endeavour to deal with complaints effectively, efficiently, and in a constructive manner. Please refer to the Public Complaint Policy for more details.

Date of Incident		Time of Incident	
Business Name		Staff Person (if applicable)	

Description of Incident:

Your Information:

Name		Your Business (if applicable)	
Phone Number		Email	

By submitting this form, you acknowledge the collection, use, and disclosure of your personal information for the purpose of addressing concerns outlined in this written complaint. You acknowledge and consent to this information being shared with the direct parties listed on this form with the purpose of resolving this specific complaint.

I have reviewed this form and acknowledge and accept the terms listed.

Signed:	
Date:	

Thank you for submitting your written complaint. All complaints received in writing shall be addressed by the Executive Director and/or Board of Directors and responded to

accordingly.

Public Complaint Policy