



## SOCAN Member Complaint Form

Member Name: \_\_\_\_\_

Membership Number: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date: \_\_\_\_\_

### Description of Complaint

Please provide as much detail as possible regarding your complaint and desired outcome (e.g. background information, relevant dates, specific reference to any applicable service standard, policy, procedure or distribution rule relevant to the complaint, individuals spoken to or steps taken to address the issue, etc). If you require additional space to provide a detailed description of your complaint, please attach a document to this form that provides the complete description of your complaint.

Please send the completed and signed form, along with all other supporting documentation, via e-mail to:

E-mail: [complaints@socan.com](mailto:complaints@socan.com)

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: if you are not the member indicated on this form, ensure you are an authorized representative for the impacted member before sending in the complaint.