

# Complaint Handling Form

Required fields are marked with an asterisk\*

|  |   |
|--|---|
| Name of Person Submitting the Complaint*                       | <input type="text"/>  |
| Merchant Business Name*  | <input type="text"/>  |
| Merchant Street Address*                                       | <input type="text"/>  |
| City*  | <input type="text"/>  |
| Province/Territory*  | <input type="text"/>  |
| Postal Code*   | <input type="text"/>  |
| Phone Number*  | <input type="text"/>  |
| E-mail Address*  | <input type="text"/>  |
| Name of Acquirer   | <input type="text"/>  |
| Date Merchant Spoke with Acquirer                              | <input type="text"/>  |
| Name of Payment Processor                                      | <input type="text"/>  |
| Merchant Number*   | <input type="text"/>  |
| Name of Acquirer Representative                                | <input type="text"/>  |
| The policy element of the Code that the complaint pertains to* | <input type="text"/>  |
| Please Provide a Summary of Your Complaint                     | <input type="text"/>  |
| Email or mail supporting documents, if applicable              | <p>Email:<br/>contact@monexgroup.com</p> <p>Mail:<br/>301-5075 Yonge Street,<br/>North York, Toronto, ON. M2N 6C6</p> |