
COMPLAINTS AND APPEALS FORM

Contact Information

Organization:

Contact name:

Address:

City:

PCode:

Phone Number:

Fax:

Email:

Reason for Complaint/Appeal:

Conduct of the Auditor**Individual Audit Findings****Final Audit Results****Please Elaborate:**

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Desired Outcome:

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Date Submitted: _____

Submit completed form by:

- Fax to (778) 278-0029 or
- Email to dseth@bcmsa.ca

A BCMSA representative will contact you within 14 days of submission with a decision.