



Lundgren & Young Insurance Ltd.
**PERSONAL INFORMATION PROTECTION & ELECTRONIC DOCUMENTS ACT
 COMPLAINT FORM**

Client Name:						
Address:						
Telephone #:	Home:		Office:		Cell:	
Fax:			Email address:			
Insurer(s) (if known):						
Policy #'s (if known):						

I wish to file a complaint regarding my personal information which is being or has been held or processed by Lundgren & Young Insurance Ltd.

(Please briefly state the nature of your complaint):

Signature of Client:		Day	Month	Year
	Date:			

FOR L&Y USE ONLY:

Date received: _____ By (print name): _____

Date acknowledged: _____ By (print name): _____

Date of response: _____ By (print name): _____