



Compliance Assistance Information Form

The Consumer Protection BC Compliance Assistance Program follows up on leads provided by concerned citizens and industry stakeholders. It also coordinates our response to requests for assistance that we receive from other Canadian and international enforcement agencies.

We recognize that it can not police all of the businesses and individuals it regulates. However, we often receive tips and complaints from other regulated businesses and individuals who have concerns about the activities of others they may have dealt with. In order to encourage these reports and enhance our ability to detect and respond to possible violations of law, we have launched the Compliance Assistance Program.

The following information will help us determine whether we should undertake an inspection, investigation, audit, or other action.

We realize you may not have all the suggested information. However, the more details you provide, the sooner we can take the appropriate action. Complaint information is confidential and please remember:

- You don't have to give us your name if you prefer to remain anonymous. Any personal information you provide will be held in confidence subject to the *Freedom of Information and Protection of Privacy Act*.
- Filling out a complaint form does not guarantee that Consumer Protection BC will undertake a formal investigation. Depending on the nature of the issue, we may not pursue the matter.
- As the information you are providing is not considered a consumer complaint, but a tip or lead regarding a compliance issue, we will not release information about specific cases because of the confidentiality requirements of our legislation.

1. Print clearly, using black or blue ink.
2. Provide as much information as possible.
3. Attach **copies** of relevant documents.

YOUR INFORMATION (Optional):

Name _____ Business Name _____

Location _____ Phone or Email _____

THE BUSINESS or INDIVIDUAL:

Business/Individual Name _____ Business Type _____

Business Location _____ Owner or manager _____

THE VIOLATION YOU SUSPECT:

- | | |
|---|---|
| <input type="checkbox"/> Unlicensed activity – unlicensed staff, location or business | <input type="checkbox"/> Trust accounting or financial violations |
| <input type="checkbox"/> Advertising or disclosure violations | <input type="checkbox"/> Other (details below) |
| <input type="checkbox"/> Contract violations | |

Details of your observations:

Signature: _____

Date: _____

Return this form, along with copies of relevant documents, to:

Consumer Protection BC
5 – 1019 Wharf St., PO Box 9244
Victoria, BC V8W 9J2
Attention: Inquiry Centre

Phone: 604 320-1667
Toll Free: 1 888 564-9963
Fax: 250 920-7181
Email: info@bpcpa.ca