

To complete this form, **you need to download this form first** and fill it out using free Adobe Reader software. You will need to send it back to hrc.cdp@gnb.ca.

This is our only record of your address and phone number. If any of your personal contact information changes during the complaint process it is your responsibility to inform the Commission. **If the Commission cannot contact you, your complaint file may be closed as having been abandoned.**

First Name of Complainant		Last Name of the Complainant	
Pronouns			
Date of Birth (YYYY/MM/DD)		Preferred method of correspondence <input type="checkbox"/> email <input type="checkbox"/> mail <input type="checkbox"/> fax	
Street or mailing address		Town or City and Province	
Postal Code		Email Address	
Home Phone Number (xxx) xxx-xxxx	Work Number (xxx) xxx-xxxx	Cell Phone Number (xxx) xxx-xxxx	

If you are making a complaint on behalf of another person, you must provide their contact information below.

First Name of the Person		Last Name of the Person	
Pronouns			
Date of Birth (YYYY/MM/DD)		Preferred method of correspondence <input type="checkbox"/> email <input type="checkbox"/> mail <input type="checkbox"/> fax	
Street or mailing address		Town or City and Province	
Postal Code		Email Address	
Home Phone Number (xxx) xxx-xxxx	Work Number (xxx) xxx-xxxx	Cell Phone Number (xxx) xxx-xxxx	

The personal information collected on this form will only be used to contact you. Your personal contact information will not be given to any person or organization outside the Commission, unless required by law. The Commission will not give your personal contact information to the respondent(s) named in your complaint.

I declare that the information in this Contact Information is true and accurate to the best of my knowledge and belief.

Date (YYYY/MM/DD)