

**Complaint handling form for merchant complaints pertaining to the Code**

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 (drop down menu)	Choose an item.
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 downstream participant	<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	Please select
Please provide a summary of your complaint	<input style="height: 150px;" type="text"/>
Upload, email or mail supporting documents, if applicable	<input type="text"/>