**Effective Date:**

**Amendment Date:**

**Purpose of the Policy**

The purpose of this complaint handling policy is to implement a free, impartial and fair handling of customer complaints within a reasonable time from its receipt. More specifically the complaint handling policy describes **our/my** process for monitoring receipts of customer complaints, oversight of acknowledgements of receipt sent out to customers, the creation of a complaint file, and the possibilities to resort to a third party, if necessary, should a customer remain dissatisfied after day-to-day operational steps towards resolution have been applied.

**Definition of Complaint**

For the purposes of this policy, a complaint is any oral or written expression of dissatisfaction by a customer that is not resolved and is escalated to the **(Name of Person(s) in Charge).**

Informal steps to correct a specific problem are not considered a complaint, provided the problem is resolved as part of the registrant’s/financial security advisor’s normal activities and the consumer has not filed a complaint.

**Person(s) in Charge**

**(Name)** is responsible for applying the policy and would act as the respondent with the customer, regulator, insurer, or other third parties deemed necessary, and needs to be clearly identifiable to clients who are filing a complaint.

This person is in charge of sending an acknowledgement of receipt to the customer, training staff and providing them with the necessary information to comply with the complaint handling policy.

**(Name)** is responsible for transferring the file to the Authorité Des Marchés Financiers (AMF) at the customer’s request and filing with the AMF a biannual report of customer complaints received within a calendar year. The reporting is done through a dedicated portal on the AMF Website, which is easily accessible to respondents.

**Receipt of the Complaint**

Customers who wish to file a complaint must do so in writing to our office.

Agency/Agent Name:

Address:

Telephone Number:

Fax Number:

Email Address:

Any employee that receives a complaint must immediately forward it to **(Name of Person(s) in Charge)** in charge of this policy.

**Acknowledgement receipt of the complaint**

The person in charge must acknowledge receipt of the complaint within **(X)** business days of receiving it.

The acknowledgment of receipt should be in plain language, and as per the Authorité Des Marchés Financiers, must include the following information:

* A description of the complaint, specifying the real or potential harm, the reproach against the registrant and the requested remedial action;
* The name and contact information of the person in charge of examining complaints;
* In the case of an incomplete complaint, a notice requesting more information to which the complainant must respond within a set deadline, failing which the complaint will be deemed to have been abandoned;
* The complaint examination policy;
* A notice stating that if not satisfied with the outcome or with the examination of the complaint, the complainant can request that the complaint file be transferred to the AMF. This notice must also mention that the AMF may offer dispute resolution services, if deemed appropriate;
* A reminder to the complainant that filing a complaint with the AMF does not interrupt the prescriptive period for civil remedies against the registrant.

**Creation of the Complaint File**

A separate file must be created for each complaint.

The file must contain the following:

* The written complaint and its three elements (the reproach against the registrant, the real or potential harm and the requested remedial action);
* The outcome of the complaint examination process (the analysis and the supporting documents);
* The final written response to the complainant with justifying reasons.

**Complaint Examination**

On receiving a complaint, we must initiate our complaint examination process.  The complaint must be examined within **(X)** days of receiving all the information necessary for the examination.

After examining the complaint, **(Name of Person(s) in Charge)** must send the complainant a final response with justifying reasons.

**Transfer of the File to the AMF**

If the complainant is not satisfied with the outcome or the examination of the complaint, the complainant may ask the registrant, at any time, to transfer the file to the AMF.

The transferred file must include all the information related to the complaint. The registrant is responsible for complying with the rules governing the protection of personal information.

**Complaint Reports**

**Choose which applies:**

Because we are registered as a firm with only one representative, we are only required to file a report with the AMF if we have received a Quebec complaint during the preceding calendar year. However, when we do receive a Quebec complaint, we are required to file a report with the AMF detailing the number and type of complaints received by May 1st for complaints received between January 1 to December 31 of the previous year. We are required to use the “Complaint reporting” tool. To access it, we must use the AMF E-Services for businesses.

or

Because we have a number of representatives, we must file reports using the AMFs “Complaint reporting” tool. To access it, you must use  [AMF E-Services for businesses](https://lautorite.qc.ca/en/professionals/e-services). must be reported once a year, by May 1st for complaints received between January 1 to December 31 of the previous year.

**Effective Date**

It is the responsibility of **(Name of Person(s) in Charge).** to make sure the effective date of the policy and if the document is amended that the date of each amendment is indicated.

**For questions concerning the examination of complaints, contact the AMF at:**

Quebec City: 418-525-0337

Montréal: 514-395-0337

Toll-free: 1-877-525-0337

Fax: 418-525-9512 or 514-873-3090

E-mail: [infor](mailto:information@lautorite.qc.ca)[mation@lautorite.qc.ca](mailto:mation@lautorite.qc.ca)

|  |  |  |
| --- | --- | --- |
| **Complaint log** | | |
| Recipient of complaint | |  |
| Date complaint was received | |  |
| Name of complainant | |  |
| Complainant’s address | |  |
| Complainant’s telephone | |  |
| Complainant’s email | |  |
| Advisor’s name | |  |
| Policy number | |  |
| Date acknowledgment sent | |  |
| If the complaint pertains to advisor conduct, date E&O carrier was notified | |  |
| Date reported to the insurer and/or MGA | |  |
| Contact info. for the insurer and/or MGA | |  |
| Summary of Complaint: | | |
| Steps towards resolution: | | |
| Statement of resolution: | | |
| Resolution Date: |  | |