



Ontario Safety League

2595 Skymark Ave, Suite 212, Mississauga, ON, L4W 4L5
Phone: 905-625-0556

Student Complaint Form

Student Name	
Last:	First:
Street Address:	Unit #:
City/Town:	Province:
Country:	Postal Code:
Phone:	
E-mail address:	

What is your complaint?

Provide as much detail as possible.

By signing this form, you declare that the information you provide to be true and correct

Student Signature: _____

Date (dd/mm/yyyy): _____