



Deafblind and Sensory
Support Network of Canada

Réseau canadien de soutien à la
surdicécité et troubles sensoriels

Complaint Letter Form

Your Name: _____

Your Address: _____

Your Phone Number: _____ Date: _____

Sensity
50 Main Street
Paris, Ontario
N3L 2E2

I am concerned about the following: _____

I feel a meeting is/is not (please circle one) necessary.

Yours truly,

(Your signature)

Note: You can either use this form or write your own letter, including the required information as indicated above. It is suggested that you keep a copy of your correspondence for yourself.