

ACTA Member Complaint Form

Passenger Names:		
		Province:
Postal Code:	Home Phone:	Email Address:
Complaint Against		
Company Name:	Company /	Address:
City:	Province:	Postal Code:
Phone Number:	Travel Agent Name (if applicable):	
Destination:	Hotel:	
Departure Date:	Return Date:	How was booking made:
Brief Description of Comple	aint	
How can your complaint be	resolved to your satisfaction?	
will review the file on your beha card receipts, etc.) should be se documentation. Retain your ori mediation for travel-related dis	alf if the travel agency is an ACTA member. Cop nt to ACTA. Do not send originals as ACTA can ginal documents in case they are required for putes only. We are not a governmental or regu nber to refund money or to deliver compensat	resolve the issue. If you are unable to resolve the the issue ACTA bies of pertinent supporting documents (airline ticket copies, cred not be responsible for safeguarding and returning all legal or regulatory actions. Please note that ACTA provides informulatory organization; we cannot impose penalties or fines on a ion of any kind. However, ACTA will do our best to help to resolve
ACTA National Office: P.O. Box (905) 282-9294 (888) 257-2282 Email: memberservices@acta.ca		4C7
ACTA will address a complaint of wholesaler.	only after the consumer has made an attempt t	to resolve the matter directly with the travel agency and/or travel
Permission to share informat By signing this form, you are au company to give redress or pro	thorizing ACTA to share information contained	d in your complaint. ACTA is not empowered to compel any
(Today's Date)	(Your Signature	 e)