



Complaint Submission Form

Date Submitted: _____

Name: _____

Address: _____

Town/City: _____ **Prov:** _____

Postal Code: _____ **e-mail:** _____

Tel: _____ **Fax:** _____

Complaint

*(Please use the following space to describe in detail your concern.
Start your description here and add pages as required.)*

Date of Occurrence: _____ **Signature:** _____

Issue: _____

Submit: Complaint Process
Low-Level Radioactive Waste Management
1900 City Park, Suite 200
Ottawa, ON K1B 5R3
Tel:(613) 998-9442
Fax: (613) 952-0760
e-mail: info@llrwm.org

Complaint Process
Low-Level Radioactive Waste Management
5 Mill Street South
Port Hope, ON L1A 2S6
Tel:(905) 885-9488
Fax:(905) 885-0273
e-mail: info@llrwm.org