NOTICE OF APPEAL FORM

First Name	Last Name	Date
Address	City	
Province / Postal Code	Phone	Fax
E-mail	Preferred Method of Contact	

Names of the Individual(s) Involved	
Date/Time/Location of Incident	Did You Report or Attempt to Resolve the Issue
The Original Written Complaint (may be attached):	

The Written Response From the Manager of Clinical Services (may be attached):

Explanation of Continued Dissatisfaction:

All Previous Written Responses (if applicable - may be attached):

Please complete this form, include any additional documentation, and send to:

Email: complaints@benchmarkime.com

Fax: 905.827.6085

Mail: Attn: Director of Clinical Services
Benchmark Independent Medical Examinations Inc.
303 – 165 Cross Ave.
Oakville, ON L6J 0A9

Place and Date

(Signature)

Name