

Complaint form regarding the collection, use or disclosure of personal information

Your information:

		File number (optional) :	
First name :	Middle name :	Last name :	
Address:		Province :	
City:	Postal code :	Telephone (daytime) :	
E-mail* :		Telephone (evening) :	
Please check the statement t	plaint regarding personal infor all who is making a privacy	,	
Representative information Do not complete this section	if you do not have a represen	tative.	
U .	erson to act on my behalf if necessary, to investigate th	and to receive any personal is complaint.	
Type of representative (chec	k one box only) :		
□ Lawyer			
□ Other person, please specify :			

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Representative Information:

			Organization name	
First name	:	Middle name :	Last name :	
Address:			Province :	
City:		Postal code :	Telephone (daytime) :	
E-mail:			Telephone (evening) :	
Details of t	he complaint			
Please check the statement(s) that explain(s) the reason(s) for your complaint:				
☐ The company has inappropriately collected my personal information.				
☐ The company has inappropriately disclosed my personal information.				
☐ The company has inappropriately used my personal information.				
☐ The company has inappropriately disposed of my personal information.				
☐ Other - Please explain:				
Please provide a detailed description of your complaint including the information involved, who was involved, when and where the alleged action occurred and the factors that led to it:				
Damage suffered (if any)				
Please describe the damage suffered, if any:				
Resolution	of complaint			
Please describe how your complaint could be resolved:				

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Signature:	
Date of signature :	

Print the form and send it by e-mail to prp@creditfinova.com or by post to the following address

Crédit Finova Inc. c/o Person in Charge of the Protection of Personal Information 204-7750 Cousineau Blvd. Saint-Hubert, QC J3Z 0C8

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