

Thank you for contacting BC Financial Services Authority ("BCFSA"). Your complaint is important to us as it assists us in protecting pension plan members' interests. We carefully consider each complaint and will take action if we identify a breach of the BC [Pension Benefits Standards Act](#) and [Pensions Benefits Standards Regulation](#). We may also refer complaints to other regulatory bodies when appropriate. BCFSA will assess whether complaints may result in investigations and/or regulatory actions. During the investigation, we may contact you to request or clarify details and provide updates.

BCFSA will accept complaints in any format, however completing this form ensures sufficient information is provided initially and allows for more efficient processing of complaints.

Before you complete this form: It is important to note that, before contacting BCFSA, an earnest attempt should first be made to resolve any issues or complaints directly with the pension plan's administrator, if applicable, as they are responsible for addressing stakeholder concerns and queries.

Please contact us at 604-660-3555 / pensions@bcfsa.ca with any questions about your complaint and our role.

SUBMISSION INSTRUCTIONS

1. Complete and Save: Once you have completed the form, save it to your computer (i.e. your Desktop).
2. Include All Supporting Documents: If you need additional space, please attach a separate sheet to this form. Ensure all required supporting documents are attached to your submission.
3. Email the form along with all attachments to pensions@bcfsa.ca

Alternatively, you may mail the completed form to:
 BC Financial Services Authority
 600-750 West Pender Street
 Vancouver, B.C. V6C 2T8
 Ph: 604-660-3555 / Fax: 604-660-3365

Freedom of Information and Protection of Privacy Act ("FOIPPA")

The information requested on this form is collected under the authority of section 26(c) of the *Freedom of Information and Protection of Privacy Act*. The information is collected for the purpose of processing, investigating, and responding to your complaint. Complaints are treated as confidential and maintained as such, subject to enforcement proceedings and the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection or use of this information, please contact the Privacy Officer at 604-660-3555, 600-750 West Pender Street, Vancouver, B.C. V6C 2T8.

PART 1 – YOUR INFORMATION

Last Name		First Name	
Mailing Address		City & Postal Code	
Phone Number		Alternate Phone Number	
Email Address			
Please advise how you prefer we contact you		Phone	Email
Please choose the option that best describes your connection to the Pension Plan:			
Plan Member	Spouse	Beneficiary	Former Spouse
Other			

PART 2 – SUBJECT OF COMPLAINT

Pension Plan Name	
If known, provincial registration number of plan	
Mailing Address	City & Postal Code
Phone Number	Email Address

PART 3 – WHAT IS THE COMPLAINT ABOUT?

Briefly describe the pension plan related issue that is the focus of your concern. If you need additional space, please attach a separate document.

PART 4 – DETAILS

DETAILS OF YOUR CONCERN(S)

To help with our review of your complaint, please complete the following section:

If the date of the incident or issue is unknown, please enter the closest possible date to the event that could have triggered this complaint. Please include the date you first became aware of the matter giving rise to your complaint.

Tell us in as much detail as you can remember what they did or said.

NOTE: In addition to filling out this form, you may also upload a separate document at the end of this form describing the events with more detail in your own words.

DATE (yyyy/mm/dd)	EVENT

PART 5 – SUPPORTING DOCUMENTS

It is important that you provide evidence to support your allegations. We ask that you attach copies of documents to support the complaint. This can include any relevant documents issued by the pension plan, and any correspondence between you and the pension plan. You should retain the original documents for your own records. However, we may need your original documents for an enforcement proceeding (we will notify you if that becomes necessary).

Please remove any personal confidential information (i.e Full Name, Address, Date of Birth, Social Insurance Number, Account Number, etc.) from the documents. Any documents showing personal details will be deleted from our system and not included in your complaint. We will request personal details if we need them.

PART 6 – OTHER PARTIES

Please provide information about other individuals/parties, if any, who can provide information in relation to your complaint.

Name	Company Name	Contact Info (phone/email)

PART 7 – OTHER ACTIONS YOU HAVE TAKEN

Have you made a complaint or commenced a dispute resolution process with the pension plan, fundholder, other regulatory agencies, or industry groups?

Yes

No

If yes, please provide details (e.g. response from institution, agency/group, status of complaint or dispute resolution process, key dates, etc.) If additional space is needed, please attach a separate document.

Have you commenced any legal action?

Yes

No

If yes, please explain. If additional space is needed, please attach a separate document.

Please provide supporting documents including emails or letters sent to or received from the individuals or pension plan involved in this complaint.