

Direction de la protection et de la défense des droits

Complaint Form (Charter)

Reserved for the Commission

File no.:

Complainant / Complainant organization :

Office:

Complainant contact information

First and last name:

Sex: Male Female Other

Address : City :

Postal code : Phone number :

Email:

Witness 1

First and last name:

Sex: Male Female Other

Address : City :

Postal code : Phone number :

Email:

Witness 2

First and last name:

Sex: Male Female Other

Address : City :

Postal code : Phone number :

Email:



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File no.:

Complainant / Complainant organization:

Office:

Complainant

First name and last name:

Sex: Male Female Other

Complainant / assisting organization

Victim(s)

Principal respondent

First and last name:

Name of the organization:

Job title:

Profession title:

Address:

Phone number:

Email:

Grounds - Indicate the reasons for your complaint

You believe you have been the victim of:

DiscriminationHarassementExploitationReprisals

Prohibited grounds of discrimination:

Age Gender identity or expression

Criminal record Language

Social condition Ethnic or national origin Political convictions Sexual orientation

Civil status Race / color Pregnancy Religion

Handicap or means to palliate a handicap Sex

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Information on the complaint

Date of the event :

Other procedure(s) - Indicate date and decision

Procedure Filed on Decision

CNESST - Labor Standards

CNESST - Occupational Health and Safety

Service Quality and Complaints Commissioner

Commission d'accès à l'information

Curateur public du Québec

Grievance

Legal proceeding

Régie du logement

Tribunal administratif du Québec

Tribunal administratif du travail

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Allegations - Summary of the facts

List, in chronological order, the facts that lead you to believe that you have been victim of discrimination, harassment, exploitation or reprisals. You can describe the situation in various ways: by reporting the words, gestures or actions of a specific person, or by reporting a series of events. You must name the individuals involved, specify the date of each event and the place where it occurred (who, when, what and where). You may add pages if needed (2 pages maximum).

What, how (actions, words, gestures)
When (date of each event)
Where (location of each event)

| Reserved for the Commission File no.: |
|---|
| Complainant / Complainant organization : Office : |
| |
| What you wish to obtain – Indicate what you want |
| By filing a complaint with the Commission des droits de la personne et des droits de la jeunesse, what do you wish to obtain? Maximum of 3 choices. |
| Accommodation |
| Cessation of actions |
| Monetary compensation |
| Apologies |
| Integration into a regular class |
| Appropriate support in the classroom |
| Return to school |
| A different job / position |
| Reinstatement in former job / position |
| Housing |
| Other: |
| I declare that the information provided in this form is true to the best of my knowledge and I request an investigation by the Commission des droits de la personne et des droits de la jeunesse. |
| Signed at |
| Date |
| (month/day/year) |
| Signature |
| |