 **COMPLAINT FORM**

Reserved: Administration only

Complaint File Number:

IDENTIFICATION OF THE PLAINTIFF

Name and Surname: Date of the complaint :

Complete Address : Phone :

Name of the person concerned by the complaint : Motive of the complaint :

**THE COMPLAINT** (if provided space is insufficient, please add a sheet)

SUMMARY OF THE FACTS:

EXPECTED RESULTS FROM THIS COMPLAINT (if applicable):

Complaint’s Date of receipt : Time :

Plaintiff’s Signature

Once this Form is completed and signed, please forward it to

Mister André Rousseau, Managing Director

Cible Retour à l’Emploi

4740, Wellington Street, suite 302 Verdun, Québec H4G 1X3

andre.rousseau@cibleretour.com