



COMPLAINT FORM

INSTRUCTIONS: Please complete this form, answering all questions, then sign it and return it to the CPA Montréal office.

<u>PERSONAL INFORMATION</u>	
SURNAME:	<input type="text"/>
GIVEN NAME:	<input type="text"/>
ADDRESS:	<input type="text"/> Number Street
	<input type="text"/> City <input type="text"/> Postal Code
TELEPHONE :	<input type="text"/> <input type="text"/> <input type="text"/> OR <input type="text"/> <input type="text"/> <input type="text"/>
BIRTH DATE :	<input type="text"/> Year <input type="text"/> Month <input type="text"/> Day
S.I.N.:	<input type="text"/> <input type="text"/> <input type="text"/>
HIRING DATE:	<input type="text"/> Year <input type="text"/> Month <input type="text"/> Day
DEPARTURE DATE:	<input type="text"/> Year <input type="text"/> Month <input type="text"/> Day
PRACTICED TRADE:	<input type="text"/>
COMPETENCY CARD #: (if applicable)	<input type="text"/>
ISSUED ON:	<input type="text"/> Year <input type="text"/> Month <input type="text"/> Day

<u>EMPLOYER INFORMATION</u>	
EMPLOYER NAME:	<input type="text"/>
ADDRESS:	<input type="text"/> Number Street
	<input type="text"/> City <input type="text"/> Postal Code
TELEPHONE:	<input type="text"/> <input type="text"/> <input type="text"/>

<u>REASON FOR COMPLAINT</u>		(Check appropriate box(es) and provide details on page 2)	
Unpaid overtime:	<input type="checkbox"/>	Unpaid hours:	<input type="checkbox"/>
Worked holiday: which one? <input type="text"/>	<input type="checkbox"/>	No prior departure notice or indemnity:	<input type="checkbox"/>
Unpaid holiday: which one? <input type="text"/>	<input type="checkbox"/>	No vacation or vacation indemnity:	<input type="checkbox"/>
Night shift premium unpaid or partially paid:	<input type="checkbox"/>	Other: <input type="text"/>	<input type="checkbox"/>
Insufficient hourly wage:	<input type="checkbox"/>		

<u>ADDITIONAL INFORMATION</u>		Hourly Rate: \$ <input type="text"/>	
Pay frequency:	Weekly <input type="checkbox"/>	Bi-weekly <input type="checkbox"/>	Other <input type="checkbox"/>
Pay mode:	Cash <input type="checkbox"/>	Cheque <input type="checkbox"/>	Deposit <input type="checkbox"/>
Pay slip:	Detailed slip <input type="checkbox"/>	Pay envelope <input type="checkbox"/>	
Attendance control	Punch <input type="checkbox"/>	Manual <input type="checkbox"/>	
Mandatory uniform:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Uniform paid for by:	Employer <input type="checkbox"/>	Myself <input type="checkbox"/>	

Filed on: _____ By: _____