

COMPLAINT FORM

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

PERSONAL INFORMATION					
SURNAME:				<u></u>	
GIVEN NAME:					
ADDRESS:					
	Number	Street		-	1 1 1 1
	City				Postal Code
TELEPHONE:				OR	
BIRTH DATE :	Voor	Month E	Day		
S.I.N.:	Year		Jay 		
HIRING DATE:			1	•	
	Year	Month [Day		
DEPARTURE DATE:	Year	Month [Day		
PRACTICED TRADE:					
COMPETENCY CARD #:]	
(if applicable) ISSUED ON:	1 1	1 1	Ī		
1000ED GN.	Year	Month [Day		
EMPLOYER INFORMATION	ı				
EMPLOYER NAME:					
ADDRESS:	Number	Street			
	Oit.				Destal Code
TELEPHONE:	City	1 1	İ		Postal Code
			<u> </u>		
REASON FOR COMPLAINT	(Ch	eck appropriate box(e	s) and provide d	letails on page 2)	
Unpaid overtime:				Unpaid hours:	
. Worked holiday: which one?				No prior departure notice or indemn	nity:
Unpaid holiday: which one?				No vacation or vacation indemnity:	
Night shift premium unpaid or parti	ally paid:			Other: Provide details on page 2	<u> </u>
Insufficient hourly wage:					·
ADDITIONAL INFORMATION		Hourly Rate: \$		-	
Pay frequency:	Weekly		Bi-weekly	Othe	ər
Pay mode:	Cash		Cheque	Dep	osit
Pay slip:	Detailed slip		Pay envelope		
Attendance control	Punch		Manual		
Mandatory uniform:	Yes		No		
Uniform paid for by:	Employer		Myself		



COMPLAINT FORM

REASON FOR COMPLAINT	(Please provide details	and attach supporting documents if applicabl	le)
request that the CPA Montréal investigation	tigate and claim, if applicable, all	amounts due to me.	
Surname and given name (please p	rint):		
Signature :		Date :	
RESERVED FOR CPA USE :			
Number:			
	Complaint	Employee	Employer
Filed on:		Ву:	