



Unsatisfaction or complaint form

The quality of our services is important to us. If you are dissatisfied with our services or would like to make a complaint, please fill in this form so that we can take note of it.

You can fill in this form and return it to us by e-mail at: plainte@cpsmontreal.ca

Plaintiff informations

Full name _____

Address _____

City _____ Postal code _____

Phone num. _____ E-mail _____

Representative informations (if applicable)

Full name _____

Address _____

City _____ Postal code _____

Phone num. _____ E-mail _____

Description of the facts

Date of the event _____

Explanation of situation

(Persons involved, frequency, location, first and last names of witnesses [if any], description of facts)

Suggestion

(Do you have any suggestions for preventing this problem from recurring in the future?)

Signature _____ Date _____