



ADDENDUM A

STUDENT COMPLAINT FORM (SECTION 6.4 BY-LAW)

YOUR DETAILS

Student's Name:

Parent's/Guardian's Name:

Address:

Postal Code:

Home Telephone Number:

Work Telephone Number:

Cell Phone:

E-mail:

NAME OF SCHOOL OR CENTRE

School/Centre:

INFORMATION ABOUT YOUR COMPLAINT (ATTACH ADDITIONAL PAGES IF NECESSARY)

Date of complaint:

Author of decision:

Date of decision:

Brief description of your complaint:

HAVE YOU GONE THROUGH THE COMPLAINT PROCESS PROVIDED IN THE BY-LAW? WHAT STEPS
HAVE YOU TAKEN TO RESOLVE YOUR COMPLAINT?

WHAT IS YOUR DESIRED OUTCOME?

Signature: _____ **Date:** _____
Student/Parents/Guardians

Please send the completed form and other evidence to:

Secretary General
English Montréal School Board
6000 Avenue Fielding
Montréal, Québec, H3X 1T4
Or fax it to: 514-483-7324
Or e-mail it to: nlauziere@emsb.qc.ca

For any information, please call at: 514-483-7200 ext. 7264