



## ADDENDUM A

### STUDENT COMPLAINT FORM

#### 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?  
\_\_\_\_\_  
\_\_\_\_\_

SELECT AN OPTION FOR INVESTIGATION PURPOSES (if no selection is made, by default I agree will be selected):

- I agree that information, which may include my identity or facts which may reveal my identity, be communicated, only as necessary for the investigation of the complaint.
- I do not agree that my identity or facts which may reveal my identity be communicated, in which case I understand that the file may be closed without investigation after possible avenues have been explored (refer to paragraph 5 of the By-Law).

WHAT IS YOUR DESIRED OUTCOME?  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Student/Parents/Guardians

Date: \_\_\_\_\_

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](mailto:nlauziere@emsb.qc.ca)