



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?  
\_\_\_\_\_  
\_\_\_\_\_

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