**Complaint Form**

To make a formal complaint, please complete this form and ensure that all requested information is recorded. Please provide as much detail as possible in the “Description of the complaint” field, as doing so will make it easier to process the complaint.

Once the form is complete, please deposit it in the golden mailbox provided for this purpose, located at the main entrance of *Accueil-Parrainage Outaouais* (APO) between the two doors of the main entrance.

The APO offices are located at 124 Jeanne-d’Arc street, Gatineau (Hull Sector). You can drop off your completed form from Monday to Friday, 8:30 a.m. to 4:30 p.m.

Thank you!

|  |  |  |
| --- | --- | --- |
| **Information about the person completing the complaint** | | |
| **Surname / Family name:** | **Mr.** | **Mrs.** |
| **First name:** | | |
| **Address:** | | |
| **Phone number:** | | |
| **Email address:** | | |
| **Comments:** | | |

*To be continued (on the back side)*

|  |
| --- |
| **Information about the complaint** |
| **Description of the complaint:** |
| **Signature of the person making this complaint:**  **Date:** |
| **If applicable, include the name, surname and signature of the interpreter or third party who helped complete the complaint:**  Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |