

COMPLAINT AGAINST A MEMBER OF THE QUEBEC ASSOCIATION OF SPECIAL CARE COUNSELLORS

SECTION I: IDENTIFICATION OF PARTIES

Plaintiff				
Name:				
Address:				
Town:				
Postal Code:				
Home Telephone:				
Work Telephone:				
Other Telephone (i.e. cell phone):				
Fax Number:				
Email:				
Role				
User	Parent	Public Curator	Private Curator	Other (specify): _____

Person targeted by the complaint <i>(Please fill in the information available to you)</i>
Name:
Work Place:
Address:
Town:
Postal Code:
Home Telephone:
Work Telephone:
Other Telephone (i.e. cell phone):
Fax Number:
Email:

SECTION II: BREACH OF THE CONCERNED MEMBER

1. What is the alleged breach of the member in question?
2. In which section of the Code of Conduct of the Quebec Association of Special Care Counsellors was the breach made?
3. Which date(s) was(were) the breach(es) made by the member in question?

SECTION III: BREACH DESCRIPTION AND FACTS

<i>In detail, describe the breach(es) made and specific facts that motivated your complaint:</i>

SECTION IV: EXPECTED SOLUTION

Briefly describe which corrective measures you are requesting:

SECTION V: SIGNATURE & DATE

Signature: _____ Date: _____

You must send a copy of your complaint and all other pertinent documents regarding the complaint to the Quebec Association of Special Care Counsellors.