**APPLICATION TO CONTEST A DECISION BY AN ADMINISTRATIVE AUTHORITY**

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| **APPLICANT** | |
| Mr.  Ms.  Name: | Home telephone:  Office telephone:  Cellphone: |
| Address: |
| City or town: | Fax: |
| Postal code: | Email address: |
| **REPRESENTATIVE OF THE APPLICANT (if applicable)** | |
| Mr.  Ms.  Name of person, firm, association or union: | |
| Address: | Telephone: |
| City or town: | Fax: |
| Postal code: | Email address: |
| **🡺 Please notify us of any change of address.** | |

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| **Identification of the decision and grounds for thE CONTESTATION** | | |
| Decision date: | Administrative authority: | Record number: |
| Why do you disagree with the contested decision? | | |
| **State the conclusions you are seeking.** | | |
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| If necessary, continue the description on a blank sheet and attach it to this form.  **🡺 Please enclose a copy of the contested decision, along with any other relevant documents.** | | |
| |  | | --- | | **CONDUCT OF THE PROCEEDINGS** | | * I would like a **decision based on the record**.   **OR**   * I would like a **hearing to be held**. | | | |
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| |  | | --- | | **SIGNATURE AND DATE** | | **I hereby permit the administrative authority that rendered the contested decision to send a copy of the record pertaining to the decision to the Tribunal administratif du travail.**  Applicant’s signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **🡺 If you fax this form and the contested decision, please do not mail the originals.** | | |
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| **SUBMIT TO AN OFFICE OF THE TRIBUNAL** | | |
| Tribunal administratifdu travail  900, boulevard René-Lévesque Est, 5e étage  **Québec** (Québec) G1R 6C9  Telephone: 418 643-3208  Toll-free: 1 800 361-9593  Fax: 418 643-8946  Email: [tat.quebec.vprt@tat.gouv.qc.ca](mailto:tat.quebec.vprt@tat.gouv.qc.ca)  Website: [www.tat.gouv.qc.ca](http://www.tat.gouv.qc.ca) | **Proof of receipt**  (Please leave this space blank.) | Tribunal administratifdu travail  500, boul. René-Lévesque Ouest,  Bureau 18.200  **Montréal** (Québec) H2Z 1W7  Téléphone : 514 873-7188  Toll-free : 1 800 361-9593  Fax: 514 873-3112  Email: [tat.montreal.vprt@tat.gouv.qc.ca](mailto:tat.montreal.vprt@tat.gouv.qc.ca)  Website: [www.tat.gouv.qc.ca](http://www.tat.gouv.qc.ca) |