

OTHER PARTY: Worker Employer Other

If the party is a worker:
Last name: _____ First name: _____

If the party is an employer:
Company name: _____
Contact name: _____

Address: _____ Postal code: _____
Number, street, city or town Postal code

Telephone (home): _____ Cellphone: _____
Telephone (work): _____ Fax: _____

WITNESSES

Do you intend to call one or more witnesses at the hearing? If so, please provide their name(s) and occupation(s).

	NAME	OCCUPATION
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____

SIGNATURE (person contesting or representative)	Date		
	Year	Month	Day
X	_____	_____	_____

IMPORTANT: Attach a full copy of the contested decision(s), including the last page with the names and addresses of the parties.

Print the form and mail or fax it to the Tribunal administratif du travail office located in the region of the worker's residence. See the "[Nous joindre](#)" section of our website for address information.