#### COMPLAINT UNDER THE *LABOUR CODE* OR ANOTHER LAW

#### FOR A DISMISSAL, A SUSPENSION OR ANOTHER ACTION

**This form is to be used exclusively for complaints related to the laws indicated in the appendix.**

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| **COMPLAINANT** | REPRESENTATIVE OF THECOMPLAINANT |
| Mr.  Ms. Name: | Mr.  Ms. Name: |
| Address: | Address: |
| City: | City: |
| Postal code: | Postal code: |
| Telephone: | Telephone: |
| Fax: | Fax: |
| Email: | Email: |
| Occupation: |  |
| STATEMENT | EMPLOYER |
| Nature of the action:  Dismissal  Suspension  Transfer  Other, specify:  Date of the action:  **(year/month/day)** | Name: |
| Address: |
| City: |
| Postal code: |
| Telephone: |
| Fax: |
| Email: |
| **This complaint is submitted in accordance with (provide the law, as indicated in the** **appendix):** | |
| SUMMARY OF FACTS | |
|  | |
| Was this complaint the subject of a grievance?  **Yes**  **No** | |
| Consequently, I ask that:  the employer be ordered to reinstate me or return me to my employment;  the employer be ordered to cancel the action against me;  the employer be ordered to cease practising discrimination or taking reprisals against me;  the employer be ordered to pay me full compensation for losses suffered and to reestablish all my rights and privileges. | |

#### Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🡺 **Enclose all relevant documents with this complaint (ex.: disciplinary notice, dismissal letter, etc.).**

🡺 You must send a copies of your complaint and all relevant documents to the producer in question, using any means that provides proof of transmission (notification).

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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  Telephone: 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) |

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| **APPENDIX OF LAWS**  **On the form, indicate which law your complaint is based on, and the reason for it.** |
| **Section 15 of the *Labour Code***  Complaint for dismissal  Complaint for suspension  Other complaint |
| ***Cities and Towns Act***  Dismissal or suspension |
| ***Municipal Code of Québec***  Dismissal or suspension |
| ***Act respecting the Commission municipale***  Dismissal or suspension |
| ***Act respecting public transit authorities***  Dismissal or suspension |
| ***Act respecting municipal courts***  Dismissal or suspension |
| ***Act respecting elections and referendums in municipalities***  Dismissal |
| ***Act respecting municipal taxation***  Dismissal |
| ***Act respecting the Communauté métropolitaine de Montréal***  Dismissal or suspension |
| ***Act respecting the Communauté métropolitaine de Québec***  Dismissal or suspension |
| ***Election Act***  Complaint under the *Election Act* |
| ***Act respecting school elections***  Complaint under the *Act respecting school elections* |
| ***Act respecting collective agreement decrees***  Complaint under the *Act respecting collective agreement decrees* |
| ***Act respecting municipal territorial organization*** |
| ***Fire Safety Act*** |
| ***An Act respecting pre-hospital emergency services and amending various legislative provisions*** |
| ***Civil Protection Act*** |