#### 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 travail900, boulevard René-Lévesque Est, 5e étage**Québec** (Québec) G1R 6C9Telephone: 418 643-3208Toll free: 1 800 361-9593Fax: 418 643-8946Email: tat.quebec.vprt@tat.gouv.qc.caWebsite: [www.tat.gouv.qc.ca](http://www.tat.gouv.qc.ca) | **Proof of receipt**(Please leave this space blank.) | Tribunal administratifdu travail500, boul. René-Lévesque Ouest, Bureau 18.200Montréal (Québec) H2Z 1W7Telephone: 514 873-7188Toll free: 1 800 361-9593Fax: 514 873-3112Email: tat.montreal.vprt@tat.gouv.qc.caWebsite: [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 suspensionOther 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*** |