

COMPLAINT FORM
NON RECOGNITION OF A MASTER'S DEGREE FOR REMUNERATION PURPOSES

For committee use only

File number:

Date of receipt of complaint: ____ ____ ____

IDENTIFICATION OF PROFESSORSocial insurance number: _____ *(required to process request)*Mr. ☐ Family name:

Given name:

Mrs. ☐

Address:

City: _____ Province: _____ Postal code: _____

Telephone: home () work ()

Email address:

IDENTIFICATION OF COLLEGE**Subject taught****Other subjects specified in contract**

Name of college:

Name of union:

MASTER'S DEGREE(S) OBTAINED

Specialization of master's degree:	Undergraduate	Graduate		Institution	Year
	bachelor's level	master's level	doctoral level		

DOCUMENTS ATTACHED

- ☐ copy of college's response
☐ copy of diplomas
☐ copy of transcripts of marks
☐ other pertinent documents

REASONS FOR REQUEST TO REVIEW COLLEGE'S DECISION

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SIGNATURE OF COMPLAINANT**DATE****Send complaint to Secrétariat du CNR—FNEEQ (CSN):**By mail to: 1410, rue Stanley, 7^e étage, Montréal (Québec) H3A 1P8By email address at: cpnc@education.gouv.qc.ca