

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

For committee use only	
File number: <input style="width: 100px;" type="text"/>	Date of receipt of complaint: ____ ____ ____

IDENTIFICATION OF PROFESSOR	
Social insurance number: _____ <i>(required to process request)</i>	
Mr. <input type="checkbox"/> Family name: _____	Given name: _____
Mrs. <input type="checkbox"/>	
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
<input type="checkbox"/> copy of college's response <input type="checkbox"/> copy of diplomas <input type="checkbox"/> copy of transcripts of marks <input type="checkbox"/> other pertinent documents

REASONS FOR REQUEST TO REVIEW COLLEGE'S DECISION
☺
☺
☺

SIGNATURE OF COMPLAINANT	DATE

Send complaint to Secrétariat du CNR—FNEEQ (CSN):
By mail to: 1410, rue Stanley, 7 ^e étage, Montréal (Québec) H3A 1P8
By email address at: cpnc@education.gouv.qc.ca