

COMPLAINT FORM OFFICIAL EVALUATION OF SCHOOLING

For committee use only	
File number: <input style="width: 100px; height: 20px;" 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	
Name of college:	
Name of union:	
Name of employer having issued the contested official certificate of schooling (if different):	

NATURE OF COMPLAINT

Number of contested official certificates of schooling:	
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CNR — FNEEQ (CSN)

SUMMARY OF SCHOOLING				
DIPLOMA(S) OR PROGRAM(S) OF STUDY	INSTITUTION	YEAR	CONTESTED EVALUATION OF CERTIFICATE (years/credits)	EVALUATION REQUESTED (years/credits)
1.				
2.				
3.				
4.				
5.				

DOCUMENTS ATTACHED
<input type="checkbox"/> copy of contested official certificate of schooling <input type="checkbox"/> copy of diplomas <input type="checkbox"/> copy of transcripts of marks <input type="checkbox"/> other pertinent documents

SIGNATURE OF COMPLAINANT	
Professor	or Union representative

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