

To be completed by the alternative justice organization:

Date received: _____



All personal information you provide is CONFIDENTIAL

PERSONAL INFORMATION:

Last name: First name:

Full address:

Postal code:

Phone (home):

Phone (office):

Cell:

PARENT INFORMATION (if applicable):

Last name: First name:

Full address:

Postal code:

Phone (home):

Phone (office):

Cell:

COMPLAINT (please fill in the following information):

Employee name (if applicable):

Title:

Service

- Mediation
- Victim consultation
- Restitution
- Financial compensation
- Written apology
- Referrals or guidance on other resources
- Other: _____

REASON FOR YOUR COMPLAINT:

Please describe the facts, events, circumstances, or behaviours relevant to your complaint in detail.

(Type here)

YOUR EXPECTATIONS SURROUNDING YOUR COMPLAINT:

(Type here)

Date:

Signature:

PLEASE NOTE: Our organization is committed to processing your complaint within 30 working days of its reception.

Your completed form can be returned to us by mail, email, fax, or handed in directly to our organization.

Please include "Attn: Trajet Director" in the address line

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Phone: 514-521-2000, Ext. 223

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