

**FORM FOR A COMPLAINT TO THE PARITY COMMITTEE**

**IDENTIFICATION OF THE COMPLAINANT**

FAMILY NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_

PHONE (HOME): \_\_\_\_\_ OTHER PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

EMPLOYER FILE NUMBER WITH THE PARITY COMMITTEE, IF APPLICABLE: \_\_\_\_\_

ENCLOSED, WITH MY COMPLAINT, I SUBMIT THE FOLLOWING DOCUMENTS:

- LETTER OF EXPLANATION                       CORRESPONDENCE OR OTHER RELATED DOCUMENTS

**STATEMENT OF THE COMPLAINT: PERSON CONCERNED AND CIRCUMSTANCES**

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**NAME OF THE PERSON WHO PROCESSED YOUR COMPLAINT BY PHONE AND THE OUTCOME**

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SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**PRIVACY:** ALL COMPLAINTS WILL BE PROCESSED IMPARTIALLY AND WITH DUE DILIGENCE. WE WILL DO EVERYTHING POSSIBLE TO MAINTAIN THE CONFIDENTIALITY OF THE COMPLAINT, THE IDENTITY OF THE PEOPLE CONCERNED AND THE INFORMATION RELATED TO THE COMPLAINT, EXCEPT WHEN THE DISCLOSURE OF SUCH INFORMATION IS REQUIRED TO PROCESS A COMPLAINT, OR TO CARRY OUT AN INQUIRY.