

Reporting a situation that does not respect the law Compulsory qualification programs

This form should be used to file a report if you witnessed a situation where the conditions applying to the carrying on of trades subject to the *Act respecting Workforce Vocational Training and Qualification* (CQLR c F-5) were not respected.

The report may be made anonymously, but we encourage you to reveal your identity so that the investigator can contact you if further details are needed.

Note that the information provided for the report is confidential and protected by the *Act respecting Access to documents held by public bodies and the Protection of personal information* (CQLR c A-2.1).

IMPORTANT : Sections preceded by an asterisk must be completed.

Section 1 Information about the person(s) reporting a situation

Person 1 Last name and first name		Person 2 Last name and first name	
Full home address		Full home address	
Postal code		Postal code	
Telephone	Email (if any)	Telephone	Email (if any)

Please use the **Comments** section to give the name and address of any other person who is reporting the situation.

* Section 2 Location, date and time of the event being reported

Full address			
Postal code	Date	Approximate time	
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* Section 3 Event being reported

Describe as clearly as possible the work carried out by the person(s) believed not to have respected the conditions set by law.

Specify the systems, installations, equipment, etc. on which the work was performed.

It is important that you send us all the relevant information you have. Do not hesitate to attach any document you consider relevant, such as :

work order job description photos installation diagrams invoices specifications

Other, specify:

*** Section 4 Information about the person(s) believed not to have respected the conditions set by law**

Person 1 Last name and first name	Person 2 Last name and first name
Position held in the company	Position held in the company

Please use the **Comments** section to give the name and position of any other person believed not to have respected the conditions set by law.

*** Section 5 Information about the employer or company**

Name of employer or company				
Full address				
			Postal code	Telephone (if applicable)
Last name and first name of a manager at the company		Position		

Section 6 Information about witnesses

Witness 1 Last name and first name		Witness 2 Last name and first name	
Position held in the company (if applicable)	Telephone	Position held in the company (if applicable)	Telephone

Section 7 Comments

Signature of person(s) filing the complaint

Date	Signature	Name in block letters
	Signature	Name in block letters

Protection of personal information

Access to the personal information provided in this form is restricted to persons who are authorized to consult it as part of their employment duties. You are entitled to be informed about the information concerning you held by the Ministère de l'Emploi et de la Solidarité sociale, to receive such information and to request corrections by contacting the person in charge of access to documents and the protection of personal information.

Send this form to the following address:

Direction de la qualification professionnelle
Direction générale du développement
et de la reconnaissance de la main-d'œuvre
Emploi-Québec
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