COMPLAINT FORM

Prerequisite: Have you already submitted your complaint to the Direction of the department concerned, to the person in charge of the legal aid office or to the Regional Directorate of the legal Community Center concerned?

Yes ☐ **No** ☐

If yes: Complete the form below and return it to us with a copy of the decision rendered as a result of your complaint lodged with the Direction or the person in charge of the legal aid office.

If no :

For a legal aid office:
We suggest that you initially submit your complaint to the director or the person in charge of the legal aid office or, if you are not satisfied, you must send your complaint in writing to the Director general of the Community Legal Center in question.

For the Commission des services juridiques:
We suggest that you initially submit your complaint to the director of the department concerned.

NAME :	
Address :	
Phone number:	**Fax :**
Email :	
Nature or grounds for the complaint : Specify the event, date, location, persons involved and any other element that you feel is necessary to specify. (Attach another sheet if necessary)	

Please attach a copy of the decision. **Result of the first step** (short description) :

Please describe a satisfactory outcome :

Signature :	**Date of complaint :**

Please send this form to the designated officer :

Me Yvan Niquette, Chairman
Commission des services juridiques
C.P. 123, Succursale Desjardins
Montréal (Québec) H5B 1B3
Fax : 514 864-2351
Email : info@csj.qc.ca