

**If you have any questions about the admissibility of your complaint, please visit our website:**  
**cfp.montreal.ca**

*\* PLEASE NOTE THAT ALL FIELDS ARE MANDATORY*

**PERSONAL INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

**Contact information where you want to be reached:**

Email address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Special considerations to reach you: \_\_\_\_\_

**Are you a Ville de Montreal employee?**

☐ Yes If so, what is your current job title: \_\_\_\_\_

☐ No

**INFORMATION ON THE APPOINTMENT, THE STAFFING PROCESS AND OTHER ELEMENTS TO CONSIDER**

Job title: \_\_\_\_\_

Job post number (as applicable): \_\_\_\_\_

Administrative unit(s) involved in the complaint: \_\_\_\_\_

Please describe the situation and the efforts you have made to solve the problem.

*If there is not enough space, you can attach another sheet when you submit the form. Make sure you document your file by attaching any evidence you consider relevant to the analysis of your complaint.*

**Has the reason for your complaint been the subject of another appeal, for example, to your union?**

☐ Yes

☐ No

**Have you ever filed an investigation request with the CFPM for the same reason?**

☐ Yes

☐ No

## CONSENT

In accordance with its By-law, the CFPM must share the information related to the complaint with the administrative unit in charge of the staffing process subject of the complaint (usually the Human Resources Department).

As such, if your complaint is deemed admissible, and the CFPM carried out an investigation to verify the allegations, your identity will be disclosed to the relevant persons in that administrative unit.

To consent, please read and check the following box:

☐ I consent to have the CFPM disclose my identity to the relevant persons in the administrative unit in charge of the staffing process subject of my complaint.

You should be aware that, as part of its investigation, the CFPM may communicate with other individuals involved in your allegations, but that are not part of the administrative unit in charge of the staffing process. If this is the case, the information obtained from you will remain confidential. Your identity may only be disclosed for investigative purposes, if deemed necessary.

If you have any questions related to the disclosure of your identity, we invite you to contact us.

☐ I confirm that the statements made on this complaint form are true, and I agree to notify the CFPM of any change in the subject of this form.

Date: \_\_\_\_\_

**Importante note:** The forms in which the complainant intentionally or unintentionally failed to identify themselves (name and phone number) will not be processed.

## MEANS OF TRANSMISSION

**By email:**

cfpm@montreal.ca

**By fax:**

514 872-1788

**By mail:**

Commission de la fonction publique de Montréal  
1550, rue Metcalfe, Suite 805  
Montréal (Québec) H3A 1X6