



If you have any questions about the admissibility of your complaint, please dial 438 825-0993 or visit our website : cfp.montreal.ca/en

Please note that all fields marked with an asterisk (*) are mandatory.

PERSONAL INFORMATION

Last Name*: _____ First Name*: _____

Mail address*: _____

City*: _____ Province*: _____ Postal code*: _____

Contact information:

Email address*: _____ Phone number*: _____

Special considerations to reach you: _____

Are you an employee of Ville de Montréal ?

Yes

If so, 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) and/or person(s) involved with the complaint*: _____

Please describe the situation you are filing a complaint about*:

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.

Please describe the steps taken to resolve the situation*:

We ask complainants to take steps to understand and resolve the situation before filing a complaint. Please attach any email exchanges with the respondent.

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

- Yes (If so, please provide the relevant documentation)
 No

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

- Yes
 No

OPTIONAL: DEMOGRAPHIC DATA

For statistical purposes only, the Commission confidentially compiles demographic data on the people who use its services. You may complete the following fields on a voluntary basis.

Age: _____

Are you a member of any of these groups?

- Female
 Aboriginal of Canada (Includes Native American, Inuit or Métis of Canada only)

What is your ethnic origin?

A person, other than an Aboriginal person of Canada, whose country of origin, or that of his or her parents, is not Canada. For example: a person of Chilean, Greek, Italian, Haitian, Chinese, Vietnamese, Moroccan, etc. descent or origin.

Are you a visible minority?

A person, other than an Aboriginal person in Canada, who is not white in race or color (Black, Asian, South American, Arab, etc).

- Yes

If so, please specify: _____

- No

Are you a member of an ethnic minority?

A person, other than an Aboriginal person or a visible minority, whose first language is not English or French.

- Yes

If so, please specify: _____

- No

CONSENT

Under its regulations, the CFPM must share information about the complaint with the Human Resources Department only. Exception: If you are an employee of the Human Resources Department, your identity will not be disclosed.

Thus, if your complaint is admissible and the CFPM investigates the allegations, your identity will only be disclosed to those in the Human Resources Department involved in your case, unless you are an employee of that department.

As a form of consent, please read and check the following box:

I consent to the disclosure of my identity by the CFPM to those in the Human Resources Department involved in my complaint. Exception: If you are an employee of the Human Resources Department, your identity will not be disclosed*.

Please be advised that if, in the course of the investigation, we need to communicate with other persons concerned by your allegations, the confidentiality of the information brought to the attention of the Commission will be respected in accordance with the application of the *Act respecting access to documents held by public bodies and the protection of personal information*.

If you have any questions related to the disclosure of your identity, we invite you to contact us at 438 825-0993 or by email at cfpm@montreal.ca.

I certify that the facts stated in this complaint form are true and I agree to notify the CFPM of any changes regarding the subject matter of this form*.

Date*: _____

Important note: Forms in which the complainant has voluntarily or involuntarily omitted to identify himself or herself (name, surname, telephone) will not be processed.

MEANS OF TRANSMISSION

Email: cfpm@montreal.ca

Mail:

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

Fax: 514 872-1788

You may also ask the CFPM to send you the printed complaint form by mail, or ask to complete it with you over the phone at 438 825-0993.