



ADDENDUM A

STUDENT COMPLAINT FORM (SECTION 6.4 BY-LAW)

YOUR DETAILS

Student's Name: _____

Parent's/Guardian's Name: _____

Address: _____

Postal Code: _____

Home Telephone Number: _____

Work Telephone Number: _____

Cell Phone: _____

E-mail: _____

NAME OF SCHOOL OR CENTRE

School/Centre: _____

INFORMATION ABOUT YOUR COMPLAINT (ATTACH ADDITIONAL PAGES IF NECESSARY)

Date of complaint: _____

Author of decision: _____

Date of decision: _____

Brief description of your complaint: _____

HAVE YOU GONE THROUGH THE COMPLAINT PROCESS PROVIDED IN THE BY-LAW? WHAT STEPS HAVE YOU TAKEN TO RESOLVE YOUR COMPLAINT?

WHAT IS YOUR DESIRED OUTCOME?

Signature: _____ Date: _____
Student/Parents/Guardians

Please send the completed form and other evidence to:

Secretary General
English Montréal School Board
6000 Avenue Fielding
Montréal, Québec, H3X 1T4
Or fax it to: 514-483-7324
Or e-mail it to: jbisbikos@emsb.qc.ca