

COMPLAINT OR ALLEGATION REPORTING FORM



IF YOU WISH TO FILE A COMPLAINT

against a firm or representative registered with the *Autorité des marchés financiers (AMF)*

1. First, you must file a complaint, in writing, with the firm's complaints officer. You may use this form to file your complaint.
2. The firm must send you a written response.
3. If you are not satisfied with the handling of your complaint, you may ask the firm to transfer your complaint file to the AMF.

OR

IF YOU WISH TO FILE AN ALLEGATION

Please complete this form and send it directly to the AMF.

IF YOU NEED HELP COMPLETING THIS FORM or have any questions:

- **Call** the AMF Information Centre at any of the telephone numbers on the following page, or write to us at information@lautorite.qc.ca
- **Consult** the *Consumers Home* section of the AMF website at www.lautorite.qc.ca - *Obtain help - File a complaint*

PART 1 - IDENTIFICATION

A

YOUR CONTACT INFORMATION

Ms. <input type="checkbox"/>	Last name	First name
Mr. <input type="checkbox"/>		
ADDRESS		
No.	Street	Apt.
City	Province	Postal code
Telephone (home)	Telephone (office)	Extension
Fax	E-mail	
Last name and first name of second complainant (if applicable)		

B

CONTACT INFORMATION OF FIRM AGAINST WHICH YOU ARE FILING A COMPLAINT OR ALLEGATION

Name of firm		
ADDRESS		
No.	Street	Suite
City	Province	Postal code
Telephone	Fax	

C

CONTACT INFORMATION OF REPRESENTATIVE AGAINST WHOM YOU ARE FILING A COMPLAINT OR ALLEGATION

Ms. <input type="checkbox"/>	Representative's last name	First name
Mr. <input type="checkbox"/>		
ADDRESS		
No.	Street	Suite
City	Province	Postal code
Telephone	Extension	Fax

COMPLETE THE NEXT PAGE ➤

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PART 2 - DESCRIPTION

A FINANCIAL SECTOR CONCERNED

INSURANCE SECURITIES FINANCIAL SERVICES COOPERATIVES, TRUST COMPANIES AND SAVINGS COMPANIES

Other (specify): _____

B DESCRIBE YOUR COMPLAINT OR EXPLAIN THE REASONS FOR YOUR ALLEGATION

Use an additional sheet if necessary.

C WHAT OUTCOME OR SETTLEMENT ARE YOU HOPING FOR?

D DOCUMENTS TO ATTACH

1. The firm's response to your complaint (if applicable).
2. The documents needed to analyze your complaint (copies of contracts, account statements, etc.)

REMEMBER TO KEEP YOUR ORIGINALS.

Your signature	Date
Signature of second complainant (if applicable)	Date

AUTORITÉ DES MARCHÉS FINANCIERS
Service du traitement des plaintes
800, square Victoria, 22^e étage
C.P. 246, tour de la Bourse
Montréal (Québec) H4Z 1G3

➤ **TELEPHONE:**
MONTRÉAL • 514-395-0337
QUÉBEC CITY • 418-525-0337
TOLL-FREE • 1-877-525-0337

➤ **FAX:**
TOLL-FREE • 1-877-285-4378