



Date de réception

To file a complaint about the quality of services or the administration of a measure or program under the responsibility of the Ministère de l'Emploi et de la Solidarité sociale, please complete this form and

- mail it to

Direction de l'amélioration de la qualité des services à la clientèle
Ministère de l'Emploi et de la Solidarité sociale
425, rue Jacques-Parizeau, 5^e étage
Québec (Québec) G1R 4Z1

on

- fax it to 418-646-7440.

**Application for review or administrative reconsideration,
provided for under the *Individual and Family Assistance
Regulation*.**

Please print, in ink.

1 – Identity of complainant

Last name	<input style="width: 200px; height: 1.2em; border: 1px solid black; border-radius: 2px; padding: 2px; margin-right: 10px;" type="text"/>	First name	<input style="width: 200px; height: 1.2em; border: 1px solid black; border-radius: 2px; padding: 2px; margin-right: 10px;" type="text"/>		
File number (if applicable)	<input style="width: 480px; height: 1.2em; border: 1px solid black; border-radius: 2px; padding: 2px; margin-top: 10px;" type="text"/>				
Home address	<input style="width: 100px; height: 1.2em; border: 1px solid black; border-radius: 2px; padding: 2px; margin-right: 10px;" type="text"/>	<input style="width: 380px; height: 1.2em; border: 1px solid black; border-radius: 2px; padding: 2px; margin-right: 10px;" type="text"/>	<input style="width: 100px; height: 1.2em; border: 1px solid black; border-radius: 2px; padding: 2px; margin-top: 10px;" type="text"/>		
	Number	Street	Apartment		
	<input style="width: 480px; height: 1.2em; border: 1px solid black; border-radius: 2px; padding: 2px; margin-top: 10px;" type="text"/>				
	City		<input style="width: 100px; height: 1.2em; border: 1px solid black; border-radius: 2px; padding: 2px; margin-top: 10px;" type="text"/>		
Telephone	<input style="width: 50px; height: 1.2em; border: 1px solid black; border-radius: 2px; padding: 2px; margin-right: 10px;" type="text"/>	<input style="width: 150px; height: 1.2em; border: 1px solid black; border-radius: 2px; padding: 2px; margin-right: 10px;" type="text"/>	Other telephone	<input style="width: 50px; height: 1.2em; border: 1px solid black; border-radius: 2px; padding: 2px; margin-right: 10px;" type="text"/>	<input style="width: 150px; height: 1.2em; border: 1px solid black; border-radius: 2px; padding: 2px; margin-top: 10px;" type="text"/>
	Area code	Number	Extension	Area code	Number
Email	<input style="width: 500px; height: 1.2em; border: 1px solid black; border-radius: 2px; padding: 2px; margin-top: 10px;" type="text"/>				

2 – Subject of your complaint

Check the area targeted by your complaint.

<input type="checkbox"/> Last-resort financial assistance	<input type="checkbox"/> Aim for Employment Program
<input type="checkbox"/> Public employment services	<input type="checkbox"/> Services Québec
<input type="checkbox"/> Recovery of an amount	<input type="checkbox"/> Directeur de l'état civil – <i>Enter your date of birth:</i> _____
<input type="checkbox"/> Québec Parental Insurance Plan	<input type="checkbox"/> Other – <i>Specify:</i> _____

3 – Reasons for your complaint – Explain your complaint. Attach extra sheets if necessary.

4 – Signature of complainant

Part 1

Chapter 1

Protection of personal information

The Ministère de l'Emploi et de la Solidarité sociale requires the personal information that you provide in this form in order to fulfill its responsibilities. Access to the information that you provide is limited to the persons who are authorized to consult it as part of their employment duties. You are entitled to be informed about the information about you held by the Ministère, to receive such information and ask for corrections by contacting the person responsible at the Ministère for access to documents and the protection of personal information.