COMPLAINT FORM

☐**In person at the office** ☐**Sent by mail** ☐ **Sent by fax** ☐ **Sent by email**

Complainant:		
Address:	**Apt**:	**Tel**:
COMPLAINT		
Date of the event :		
Name of the person in default :		
Address:		**App**:
☐**Noise** ☐**Music/television** ☐**Children** ☐**Alcohol** ☐**Visitors** ☐**Animals** ☐**Parking** ☐**Cannabis** ☐**Harassment/insults** ☐**Violence** ☐**Other**		
DETAILS OF THE COMPLAINT :		
PREVIOUS ACTION TAKEN BY THE COMPLAINANT		
Date :	☐**Verbal notice** ☐**Written notice** ☐**Letter from a lawyer** ☐**Phone call to the police** ☐**Other** ☐**Social/community worker**	

- Complaints are handled in strict confidence.
- The identity of the complainant will not be revealed.
- Following his/her complaint, the complainant will not be informed of the interventions carried out by the OMH.
- **In the event of mediation, the complainant will be asked to testify on the content of his/her complaint in the presence of the offender and a representative of the OMH.**
- **In the event of legal proceedings, the complainant will be asked to testify at the Régie du logement on the content of their written complaint.**

For a case of physical or verbal violence, we suggest that you contact the Sûreté du Québec to file an official complaint. Don't forget to ask for your case number. For an emergency call 911.

Date :

X _____

Signature of the complainant

Send to : 1240, place Jeanne-Mance, #4, Valcourt (Qc) J0E 2L0
Tel/fax : 819 300-4646 - Email: omh@omhvsf.ca