



DO YOU WANT TO FILE A COMPLAINT?	DO YOU NEED ASSISTANCE?
<p>If you wish to file a complaint against a firm or representative registered with the AMF that offered you financial products or services, you must do so in writing. You can complete, sign and submit this form directly to the firm concerned.</p> <p>When the firm receives your complaint, it must :</p> <ul style="list-style-type: none"> - Send you an acknowledgment of receipt; - Examine your complaint fairly; - Send you its final response, in writing. <p>If you are still not satisfied, you may ask the firm to send your complaint file to the AMF using the Form to Request the Transfer of a File to the AMF.</p> <p>You want to report a situation? Complete this form and send it directly to the AMF. We will tell you what form the AMF's intervention will take.</p>	<p>If you need assistance to file your complaint with the firm concerned, you can complete and sign this form and submit directly to the AMF. It is also available in the Assistance and complaints section of our website.</p> <p>We will forward your documents to the firm concerned and assist you through their complaint process.</p> <p>IF YOU NEED HELP completing this form or if you have questions :</p> <ul style="list-style-type: none"> • Visit our website : www.lautorite.qc.ca • Contact the AMF's Information Centre by calling our toll free number: 1-877-525-0337

PART 1 - IDENTIFICATION

A

YOUR CONTACT INFORMATION

Ms. Mr.	Last name	First name
Address		
No.	Street	Apt.
City		Province
Postal code		
Personal phone	Work phone <i>(optional)</i>	Ext.
E-mail		

Second complainant (if applicable)

Ms. Mr.	Last name	First name
Address of second complainant – Check this box if same address:		
No.	Street	Apt.
City		Province
Postal code		
Personal phone	Work phone <i>(optional)</i>	Ext.
E-mail		



PART 1 - IDENTIFICATION

B

CONTACT INFORMATION OF THE FIRM OR INDIVIDUAL THAT IS THE SUBJECT OF THE COMPLAINT

If you do not know their contact details, provide as much information as possible.

Name of firm
or individual

Address

No.	Street	Suite
City	Province	Postal code
Telephone	E-mail	Website

OTHER FIRM OR INDIVIDUAL THAT IS THE SUBJECT OF THE COMPLAINT. (if applicable)

Name of firm
or individual

Address

No.	Street	Suite
City	Province	Postal code
Telephone	E-mail	Website

PART 2 - DESCRIPTION

A

SUMMARY OF EVENTS

What are the circumstances that prompted you to make this complaint? Clearly summarize them by trying to answer the questions Who? What? and When? Attach an extra sheet if necessary



PART 2 - DESCRIPTION (continued)

A SUMMARY OF EVENTS (continued)

B WHAT OUTCOME ARE YOU HOPING FOR?

C DOCUMENTS TO ATTACH

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

REMEMBER TO KEEP THE ORIGINALS.

PERSONAL INFORMATION CONSENT

Confidentiality

The AMF handles all personal information it collects in accordance with the requirements of the *Act respecting access to documents held by public bodies and the protection of personal information* (the "Act").

Your personal information will, at all times, be accessible only to personnel at the AMF authorized to have access to it in the performance of their duties. It will be used solely for the purpose of processing the complaint or report made by you and only for the time during which such complaint or report is being processed. Any release of personal information, if required, will be made in compliance with the requirements of that Act and other applicable laws. If you refuse or fail to provide us with the requested information and/or documents, we will not be able to process your complaint.

If you are filing this form to report an offence or a situation that seems suspicious to you, you can refuse to grant your authorization.

Rights of access and correction

You may examine the personal information concerning you, obtain a copy of it or request that it be corrected if it is inaccurate, incomplete or equivocal, or if the collection, release or keeping of the information is not authorized under the *Act respecting Access to documents held by public bodies and the Protection of personal information*, c. CQLR, A-2.1. If you have any questions on this topic, please visit the AMF website at [Information Access](#).

Authorization

If your complaint is being made to resolve a situation between you and a firm or representative, you must grant the following authorizations to the AMF:

- I authorize the AMF to forward my complaint, together with the attached documents, if any, to the firm or representative that is the subject of the complaint.
- I authorize the AMF to request that the firm or representative transfer my file to the AMF, including the personal information about me, so that the AMF may examine the file and determine whether it is appropriate to offer me free conciliation or mediation services.
- I authorize the AMF to forward my complaint file to the Commission d'accès à l'information for any matter within the latter's jurisdiction.

Granted Refused

Signature	Date
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Signature of second complainant (if applicable)	Date
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THIS CONSENT IS FOR EXCLUSIVE USE BY THE AMF



You can e-mail the complaint form to us at Plaintes@lautorite.qc.ca or mail it to the following address:

Place de la Cité, tour Cominar
2640, boulevard Laurier, bureau 400
Québec (Québec) G1V 5C1

TELEPHONE:

Montréal • 514-395-0337
Québec City • 418-525-0337
Toll-free • 1-877-525-0337

FAX:

Toll-free • 1-877-285-4378