

Instructions

This form is intended, exceptionally, for businesses without access to AMF E-Services. Any business with access to AMF E-Services must use the Complaint Report tool.

- The complaints officer must complete parts 1 and 2 of this form:
 - Part 1: Identification
 - Part 2: General information
- Businesses must complete the following form, based on their industry. One form must be completed for each complaint to be reported.
 - Complaint form A: Insurance of persons (Life and Health)
 - Complaint form B: Group insurance of persons
 - Complaint form C: Damage insurance (Property and Casualty)
 - Complaint form D: Mortgage brokerage
 - Complaint form E: Claims adjustment
 - Complaint form F: Financial planning
 - Complaint form G: Securities
- Parts 1 and 2 of this form must be completed even if no complaints were received by the business during the reference period.

The complaint reporting form and each complaint form must be printed out and sent either by e-mail to:

demandes.reception@lautorite.qc.ca

or by mail to:

Attn: Direction des plaintes
et de l'indemnisation

Autorité des marchés financiers
Place de la Cité, tour Cominar
2640, boulevard Laurier,
Bureau 400
Québec, (Québec) G1V 5C1

PART 1 IDENTIFICATION

A - Identification of the business

Name of business

AMF registration number

No.	Street	Suite
City	Province	Postal code

B - Identification of the business's complaints officer

Family name	First name
Title	Telephone no. (office)
E-mail	Fax

Analyst responsible for complaint reports

Toll-free: 1-877-525-0337 ext.: 4122

Québec City: 418-525-0337 ext.: 4122

Montréal: 514-395-0337 ext.: 4122

www.lautorite.qc.ca

PART 2 – GENERAL INFORMATION

A - Information relating to this complaint report

Date report produced
(YYYY/MM/DD)

Period covered by the report
Year: January 1 to December 31, 2023

B - Question to be answered by the complaints officer

Does your report include complaints for the reporting period?

Yes

No

C - Signature of the business's complaints officer

Signature

Date