



STUDENT COMPLAINT FORM

Last name, First name

Permanent Code

Department or Program

I hereby confirm that I have already discussed the issue with the instructor or staff member who provided the service with which I am unsatisfied.

If not, please specify why not:

Description of the complaint

Subject of the complaint (choose one)

Describe the complaint here or attach a document to your e-mail. Please be as accurate and detailed as possible in your description. Indicate the names, dates and events involved in your complaint.

Expected solution

Describe your expectations with respect to resolving the situation.

I request that a copy of my complaint and the decision that is rendered be sent to the ÉTS Student Association. You have the right to be accompanied by a member of the Student Association.

**Send your complaint from your e-mail address to ÉTS, at
plainte-etudiante@etsmtl.ca**

SECTION RESERVED FOR COMPLAINT PROCESSING

Date complaint received :

Admissibility of complaint **YES** **NO**

Response to complaint and corrective measures, or justification if not admissible:

Responsible party:

Date: