



| 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 Autorité des marchés financiers (the "AMF") that offers financial products or services, you must do so in writing. To help you, 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 position, 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>If you need assistance to file your complaint with the firm concerned, you can complete, sign and submit this form directly to the AMF.</p> <p>We will be pleased to forward your documents to the firm concerned and assist you through their complaint process.</p> |

PART 1 - IDENTIFICATION

A

YOUR CONTACT INFORMATION

| | | | |
|---|---------------|-----------------------|-------------|
| Ms. Mr. | Last name | First name | |
| Address | | | |
| No. | Street | | Apt. |
| City | | Province | Postal code |
| Telephone (home) | Cell phone | Telephone (office) | Ext. |
| Fax | | E-mail | |
| Language of correspondence: French English | | | |

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 |
| Telephone (home) | Cell phone | Telephone (office) | Ext. |
| Fax | | E-mail | |



PART 1 - IDENTIFICATION

CONTACT DETAILS OF THE **FIRM** AGAINST WHICH YOU ARE FILING A COMPLAINT

Name of firm

Address

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

CONTACT DETAILS OF THE **REPRESENTATIVE** AGAINST WHOM YOU ARE FILING A COMPLAINT

| | | |
|------------|-------------------------------|---------------|
| Ms. Mr. | Representative's last name | First name |
| Address | | |
| No. | Street | Suite |
| City | Province | Postal code |
| Telephone | Ext. | Fax |
| E-mail | | |

PART 2 - DESCRIPTION



DESCRIBE YOUR COMPLAINT

Use an additional sheet if necessary.



PART 2 - DESCRIPTION (continued)

A DESCRIBE YOUR COMPLAINT (continued)

B WHAT OUTCOME OR SETTLEMENT ARE YOU HOPING FOR?

DOCUMENTS TO ATTACH

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

REMEMBER TO KEEP YOUR ORIGINALS.

PERSONAL INFORMATION CONSENT

I, the undersigned, _____, residing at _____,

hereby authorize the *Autorité des marchés financiers* (the “AMF”) to collect, hold, use and disclose any personal information about me that it may deem necessary in order to examine my complaint.

If I am not satisfied with the examination of my complaint or the final response I receive from the firm to which my complaint relates, I authorize the AMF to request the transfer of my file. I understand that the AMF will request such a transfer only if I confirm my dissatisfaction.

Accordingly, I authorize any person holding personal information about me to disclose it to the AMF for the purpose of examining my complaint.

I grant this specific authorization to the AMF, voluntarily and lucidly, being fully aware of the consequences thereof, for the entire duration of the examination of my complaint.

A copy of this document has the same value as the original.

| | |
|---|------|
| Your signature | Date |
| Signature of second complainant (if applicable) | Date |

THIS CONSENT IS FOR EXCLUSIVE USE BY THE AMF

IF YOU NEED HELP completing this form or if you have questions:



Contact an agent at the AMF’s Information Centre by calling one of the numbers indicated below, or



Visit the website: www.lautorite.qc.ca

AUTORITÉ DES MARCHÉS FINANCIERS

Direction des plaintes et de l’indemnisation
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
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TRANSMIT