

LANGUAGE POLICY COMPLAINT FORM

This form must be filled out by University faculty, staff members or students wishing to file a complaint concerning a violation of the University’s Language Policy (SG-14), in accordance with the provisions set out in the “Complaints process” section of the Language Policy.

A complaint may be filed up to 90 calendar days following the event alleged to constitute a violation of the University’s Language Policy.

A form must be filled out for each complaint subject.

Section 1 – Complainant contact information

Faculty, staff members or students who, acting in good faith, file a complaint under the terms of the University’s Language Policy may not be threatened or subjected to reprisals or discrimination by the University. This protection extends to anyone who provides information regarding a complaint.

If you wish to file a complaint anonymously, please check the box below.

I wish to file a complaint anonymously and, in doing so, recognize that this choice may significantly compromise the University’s ability to adequately process and analyse the complaint. I also recognize that if a complaint is filed anonymously or without supporting evidence, the University may, at its discretion, decide not to pursue it.

Identification

Faculty or staff member

ID number:

Student

Last name

First Name

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Contact information

Telephone

Ext.

Home Cell Office

Other phone

Ext.

Home Cell Office

Email address

Section 2 – Complaint subject

Please describe the situation justifying the complaint and provide, as needed, all relevant information, in particular the date, hour and place of occurrence of the situation as well as the names of the people concerned. Please attach or enclose a copy of all documents needed for the proper analysis of the complaint, if any.

Details concerning the subject of the complaint

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Section 3 – Attestation

This box must be checked prior to sending the form.

I attest that the information provided in this form and the attached or enclosed documents are true. I consent to being contacted by Concordia University if required.	<input type="checkbox"/>
Date	

Before sending the form to the Decision-maker at politiquelinguistique@concordia.ca or by mail to *1455 de Maisonneuve Blvd. West, GM-620, Montréal, Québec, H3G 1M8*, please make sure that all sections have been filled out and that all documents needed for the analysis of the complaint, if any, have been attached or enclosed.

If you wish to keep a copy of this form, please print it out before sending.