



INVESTIGATION REQUEST

Syndic – Ordre des psychoéducateurs et psychoéducatrices du Québec (OPPQ)

I hereby wish to bring to OPPQ Syndic’s attention some facts which are likely to cause a violation to the Professional Code, to the Code of Ethics and to any other OPPQ’s bylaw. Therefore, I am filing this investigation request with the Syndic.

Applicant’s Contact Information

Last name:	Phone numbers:
First name:	Home:
Address:	Office:
City:	Other:
Postal Code:	Email:

Are you the individual who has received the professional services? YES NO

If no, please provide client identification:

Last name: First name :

Relationship to the Applicant:

Professional Service Provider’s Contact Information

Last name:	Services provided on (Day/month/Year)
First name:	Services ending on (Day/month/Year):
Business address:	Fees paid (if applicable):
City:	Fees payable (if applicable):
Postal code:	
Phone:	

REASONS FOR THE INVESTIGATION REQUEST

Please explain your investigation request and provide the following: date of alleged offences, event location, event description and the reasons why you assume there has been a violation. Please use a separate sheet if you need more space.

LIST OF ATTACHMENTS TO INVESTIGATION REQUEST (if required)

Please list the documents attached to this investigation request and their related dates

Document Description

Related Date

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I hereby certify the above information is true to the best of my knowledge. In witness whereof I have signed this document:

Name

Date

Please email this form to: psavard@ordrepsed.qc.ca