



ORDRE DES  
PSYCHOÉDUCATEURS  
ET PSYCHOÉDUCATRICES  
DU QUÉBEC

Une présence qui fait la différence

## INVESTIGATION REQUEST – SYNDIC

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

FIRST AND LAST NAME

ADDRESS

CITY

POSTAL CODE

HOME PHONE NUMBER

CELL PHONE NUMBER

EMAIL

Are you a member of the OPPQ? Yes      No

If yes, OPPQ permit number

Are you the person who received the professional services? Yes      No

If not, please identify the person who received the professional services

Please indicate the relationship of this person to the Applicant

### PROFESSIONAL SERVICE PROVIDER'S CONTACT INFORMATION

FIRST AND LAST NAME

OPPQ PERMIT NUMBER (if known)

EMPLOYER

WORK ADDRESS

CITY

POSTAL CODE

PHONE NUMBER

EMAIL

## **REASON 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:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

It is important to save this completed document before returning it.

By email to  
[psavard@ordrepsed.qc.ca](mailto:psavard@ordrepsed.qc.ca)