

Tribunal administratif du logement  
Bureau des plaintes  
5199, Sherbrooke Est, bureau 2360  
Montréal (Québec) H1T 3X1  
Fax: 514 873-6805

Record number

Application number

## CONTACT INFORMATION

(\* Required field)

Last name*		First name*		
No.*	Street*	Apt.	Municipality*	Postal code*
Telephone (home)*	Telephone (work)	Fax	Email*	

## NATURE OF COMPLAINT

*In this section, please summarize the reasons for your complaint  
and any other information you believe would be relevant to our analysis.*

Date of filing

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

____	____	____
Year	Month	Day

**Note: Messages containing abusive or offensive language will not be answered,  
and we reserve the right to forward any threatening messages to the competent authorities.**