



## FILING A REVIEW REQUEST WITH THE OACIQ OMBUDSMAN

### IMPORTANT

The OACIQ Ombudsman is a person who independently and impartially examines public requests related to the processes applied by various OACIQ departments during the processing of a file. If necessary, the Ombudsman may advise the OACIQ departments concerned to improve file processing.

The OACIQ Ombudsman is a member of the *Forum of Canadian Ombudsman* and must abide by *ethical principles*.

To enable the Ombudsman to examine your request, your file must first have gone through all the steps set out in the *Real Estate Brokerage Act*. Before completing this form, please read *this article* on oaciq.com for more information.

### SECTION I – IDENTIFICATION OF THE APPLICANT(S)

#### Applicant 1:

Mr.      Mrs.      Other

LAST NAME	FIRST NAME

#### Address:

NUMBER	STREET	APT. / SUITE / PREMISES
MUNICIPALITY	PROVINCE	POSTAL CODE

#### Telephone (indicate at least one number where you can be reached between 8:30 am and 4:30 pm):

AREA CODE	HOME PHONE NUMBER	AREA CODE	CELLPHONE NUMBER
		AREA CODE	WORK PHONE NUMBER

I authorize the Ombudsman to contact me by email at: \_\_\_\_\_

#### Applicant 2:

Mr.      Mrs.      Other

LAST NAME	FIRST NAME

#### Address:

NUMBER	STREET	APT. / SUITE / PREMISES
MUNICIPALITY	PROVINCE	POSTAL CODE

#### Telephone (indicate at least one number where you can be reached between 8:30 am and 4:30 pm):

AREA CODE	HOME PHONE NUMBER	AREA CODE	CELLPHONE NUMBER
		AREA CODE	WORK PHONE NUMBER

I authorize the Ombudsman to contact me by email at: \_\_\_\_\_

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## SECTION II – DETAILS OF THE REVIEW REQUEST

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I call on the Ombudsman to review the situation described below:

**1. The department(s) you dealt with:**

Public Assistance

Office of the Syndic

FARCIQ

FICI

Inspection

Education

Other: \_\_\_\_\_

**File number:** \_\_\_\_\_

List the events in chronological order during the processing of your file, specifying the names of the persons you dealt with and the date and time of each intervention if possible. If space is insufficient, you can add as many sheets as you need.

**2. The person(s) with whom you spoke and/or who handled your file (*indicate the name, position, telephone number and extension of each person*):**

Empty space for providing details of the person(s) who handled the file.

**3. Summary of the facts (*indicate the facts that led you to contact the Ombudsman and the reasons why you are dissatisfied with the handling of your file and, if available, attach the initial request for assistance*):**

Empty space for providing a summary of the facts and reasons for dissatisfaction.

## SECTION III – CONSENT, DECLARATION AND SIGNATURE

### **! CONSENT TO THE COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION**

The OACIQ protects the privacy of information it collects in accordance with the applicable legislation and its personal information governance policies. The OACIQ collects your personal information via this form. This information is necessary and it will be used for the following purposes:

- Verification of your identity.
- Analysis and processing of your review application with the OACIQ Ombudsman.

Your personal information may be used by OACIQ staff members whose duties so require.

In some cases prescribed by law, your personal information may be used for purposes other than those described above or disclosed to third parties without your consent.

#### **Right of access and correction**

Subject to certain reservations, the law authorizes you to access your personal information. You may request corrections to your personal information held by the OACIQ if it is inaccurate, incomplete or equivocal, or if the collection, release or keeping of the information is not authorized by law.

#### **Consequences of refusal**

This collection of your personal information is necessary to analyze and process your application. In the event that you withdraw your consent to the collection, use, or disclosure of your personal information, the OACIQ Ombudsman will not be able to receive or process your application.

#### **Consent**

I CONFIRM that I have read and understood the information regarding the collection, use and disclosure of my personal information.  
**I consent to the collection, use and disclosure of my personal information.**

**X**

SIGNATURE

Date : 

DAY	MONTH	YEAR							

**Please sign the form AFTER  
completing ALL the sections.**

**PLEASE SEND YOUR REQUEST AND DOCUMENTS**  
to "OACIQ ombudsman" by email at [OMBUDSMAN@OACIQ.COM](mailto:OMBUDSMAN@OACIQ.COM)  
or by mail to the contact information indicated below.

#### **Organisme d'autoréglementation du courtage immobilier du Québec**

4905 Lapinière Blvd., Suite 2200, Brossard (Québec) J4Z 0G2

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