



## REQUEST FOR AN INQUIRY

I hereby wish to bring to the attention of the syndic of the Ordre des conseillers et conseillères d'orientation du Québec events liable to constitute a violation of the Professional Code, the Code of ethics or other regulations governing the OCCOQ. I am therefore requesting that the syndic conduct an inquiry into the events.

### Information regarding requesting party

Last name : _____	Telephone No. :
First name : _____	Home : ( _____ ) _____
Address : _____ _____	Work : ( _____ ) _____
City/Town : _____	Other : ( _____ ) _____
Postal code : _____	E-mail : _____

Are you the person who received the professional services? YES  NO

If not, give client's name:

Last name : \_\_\_\_\_ First name : \_\_\_\_\_

Relationship to requesting party: \_\_\_\_\_

### Information regarding professional who provided services

Last name : _____	
First name : _____	
Office address : _____ _____	Starting date of services (D/M/Y) : _____
City/Town : _____	Ending date of services : (D/M/Y) : _____
Postal code : _____	Fees paid (if any) : _____
Telephone No. : ( _____ ) _____	Fees to be paid (if any) : _____





**LIST OF DOCUMENTS ENCLOSED WITH REQUEST (if necessary)**

Indicate the names and dates of the documents you are enclosing with your request for inquiry.

**Document name**

**Date**

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

I hereby declare that the information provided is true to the best of my knowledge.

In witness whereof I have signed

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please send this form, in an envelope marked Confidential, to the following address :

**Syndic – OCCOQ**  
520-1600 Henri-Bourassa Blvd. West  
Montreal (Quebec) H3M 3E2