



Information about the psychologist

Last name \*

\_\_\_\_\_

First name \*

\_\_\_\_\_

Street address \*

\_\_\_\_\_

Apt. or suite

\_\_\_\_\_

City \*

\_\_\_\_\_

Province \*

\_\_\_\_\_

Postal code \*

\_\_\_\_\_

(no space)

Psychologist's  
employer (if  
applicable) at  
the time of the  
alleged acts

\_\_\_\_\_

Nature of the  
psychologist's  
services or  
mandate

\_\_\_\_\_

Information about the person requesting the inquiry

Last name \*

\_\_\_\_\_

First name \*

\_\_\_\_\_

Street address \*

\_\_\_\_\_

Apt. or suite

\_\_\_\_\_

City \*

\_\_\_\_\_

Province \*

\_\_\_\_\_

Postal Code \*

\_\_\_\_\_

(no space)

Telephone number \*

\_\_\_\_\_

Email

\_\_\_\_\_

Occupation

\_\_\_\_\_

Information about the client(s)

Last name

\_\_\_\_\_

First name

\_\_\_\_\_

Relationship with the  
person requesting the  
inquiry (if other than  
the client)

\_\_\_\_\_

Last name

\_\_\_\_\_

First name

\_\_\_\_\_

Relationship with  
the person  
requesting the  
inquiry (if other  
than the client)

\_\_\_\_\_

### Elements related to the request for an inquiry

Briefly explain why you are asking for an inquiry. Describe when and where the events took place, and explain your reasons for believing that an offence was committed. You can add another page if you need more space.

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### List of documents in support of your request

Please indicate the title and date of all the documents you are sending with this request.

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### Consent and signature

**Please select one of the two options below: \***

- ☐ I agree that my identity may be revealed to the professional for whom I am requesting an inquiry.
- ☐ I do not want my identity to be revealed to the professional for whom I am requesting an inquiry.

**My signature below bears witness to the fact that to the best of my knowledge, all of the information in this form is true.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Return address

Please put your completed and signed form **in an envelope marked “Confidential”**, with copies of your documents, and mail it to:

Office of the Syndic  
Ordre des psychologues du Québec  
1100 Beaumont Avenue, Suite 510  
Mont-Royal, Quebec H3P 3H5