

Unlawful practice report

Date : [Click here to enter a date.](#)

Identity of the person or organization that is the subject of the report

Last name*: [Click here to enter text](#)

First name*: [Click here to enter text](#)

Name of organization: [Click here to enter text](#)

Address of the person or organization: Street number, street name, apt./suite, city, province, postal code

[Click here to enter text](#)

Telephone number: [Click here to enter text](#)

Email: [Click here to enter text](#)

Website(s): [Click here to enter text](#)

Employer's name, if applicable: [Click here to enter text](#)

Reserved activities that you believe are unlawfully taking place, or title that you believe is being used without authorization:

*For more information, see the "What is unlawful practice?" section.

Psychologist title Psychotherapist title

Psychotherapy Assessment of mental disorders

Assessment of mental handicap Assessment of neuropsychological disorders

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) Yes No

Brief explanation of the reasons for your report (or other comments) – e.g., indicate the time and place where the events you are reporting occurred, describe the facts of the case, explain why you believe there is an unlawful practice

[Click here to enter text](#)

Unlawful practice report

Identity of the person making the report (optional)

I want to remain anonymous

Last name: Click here to enter text

First name: Click here to enter text

Contact info (so that we can reach if we need more information about your report)

Telephone number: Cliquez ici pour taper du texte.

Email: Cliquez ici pour taper du texte.

Do you belong to one of the following professions? Choose one

- Psychologist
- Social worker
- Marriage and family therapist
- Vocational guidance counsellor
- Psychoeducator
- Nurse
- Physician
- Psychotherapist

Send this form to:

Ordre des psychologues du Québec

Unlawful practice report

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Mont-Royal, Québec H3P 3H5

Fax: 514-738-8838

Email: signalement@ordrepsy.qc.ca