AVANCIE
LA TECHNOLOGIE DERRIÈRE VOTRE RÉUSSITE

Complaint form under the
Act respecting the protection of personal information in the private sector.

SECTION 1: Information about the complainant / representative

1. Are you filing this complaint on your own behalf? ☐ Yes ☐ No

If you answer « No » please send us written authorization from the person you represent.

Information about the complainant

First Name *	Name *	Email
Address *		City *
Province *	Postal Code *	Country (if outside of Canada)
Daytime phone number *	Other phone number	
Please enter a phone number where you can be reached from 8 h 30 to 16 h 30 AND Monday through Friday.		

Information about the representative *(if applicable)*

First Name *	Name *	Email
Address *		City *
Province *	Postal code *	Country (if outside of Canada)
Daytime phone number *	Other phone number	
Please enter a phone number where you can be reached from 8 h 30 to 16 h 30 AND Monday through Friday.		

*** Mandatory information**

SECTION 2: Details about the complaint
Please provide information relating to your complaint.

2.1 Are you filing the complaint as a customer or as an employee of Avancie Inc**?** *.
☐ Customer ☐ Employee

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2.2 Please briefly describe the subject of your complaint. * *(Please describe the events or circumstances that led you to file a complaint. Please include information such as the name or the title of the people involved in the incident, the location where the incident took place and any other factor that you consider relevant.*

2.3 How can Avancie respond to your concerns related to the protection of personal information? *
(Please describe the steps or corrective actions that would resolve your issue) *** Mandatory information**

SECTION 2.3: Supporting documents.

If you have supporting documents, please attach them to your complaint:

- Any correspondence concerning the complaint exchanged between you and Avancie, in the event of multiple exchanges.
- Any documentation giving you authority to act on someone else's behalf. (Authorization form)
- Any other relevant document.

☐ **The documents are attached to the form**

Please list the names of the files you will attach to your complaint.
1.
2.
3.
4.
5.

SECTION 3 : Certification

By signing this form, you certify that the information provided in it is, to the best of your knowledge, accurate and complete.

First and last name (in block letters)

Signature

Date (dd/mm/yyyy)

Please send the form to the following address:

Avancie Inc.
5223 boulevard Lasalle,
Verdun (Québec)
H4H 1P1

Email: info.vieprivee@avancie.com
Toll Free: 1-866-301-2476
Phone: 514-657-2034

The personal information you provide on this form is protected under the Access to Information and the Privacy Act.