



INVESTIGATION REQUEST FORM

If you believe that a CRHA or CRIA acts in such a manner that they violate their Code of Ethics, the Professional Code or any other relevant regulations, you may request an investigation to the Syndic of the Ordre. To do so, you need to print out this form, fill it out and send it, **under confidential cover**, to the following address :

Ordre des conseillers en ressources humaines agréés

Office of the Syndic

**1200, avenue McGill College, bureau 1400
Montréal (QC) H3B 4G7**

OR by email at syndic@ordrecrha.org

If you have any questions, please call Véronique Émond, CRHA, Syndique
514 879-1636 or 1-800-214-1609, # 262.

CRHA

Ordre des conseillers
en ressources
humaines agréés

1 REQUESTER – IDENTIFICATION

First Name :

Last Name :

Address :

Apartment :

City :

Province :

Postal/Zip Code :

Email Address :

Phone Number :

Have you personally received the services covered by this investigation request from the CRHA or CRIA?

☐

Yes

☐

No

If your answer is No, please identify the person who has benefited from such services and specify :

Name :

Relationship :

2 CRHA | CRIA – IDENTIFICATION

First Name :

Last Name :

Employer or Company :

City :

Province :

3 NATURE OF ALLEGATIONS

Please provide here :

- ▶ The **nature of the facts** alleged against the CRHA or CRIA, explaining the events and specifying the dates and locations of their occurrence;
- ▶ The **reasons** that lead you to believe that the professional's conduct is a violation;
- ▶ The relevant **articles of the Code of Ethics**.

Please do not hesitate to attach an additional sheet if you need more space.

4 DOCUMENTS ATTACHED TO THE INVESTIGATION REQUEST

Please identify the documents you want to attach to the investigation request, including their title and a short description of why you want to attach it.

Document Title	Reason

☐ I confirm that the information herein contained is true and to the best of my knowledge.

☐ I agree to keep confidential all information, whether verbal or written, regarding this request and any information I could become aware of as part of the investigation process.

Signature :

Date : (D/M/Y)

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