



PUBLIC ASSISTANCE DEPARTMENT  
**REQUEST FOR ASSISTANCE**

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450-462-9800  
1-800-440-7170

4905 Lapinière Blvd.  
Suite 2200  
Brossard (Québec) J4Z 0G2

oaciq.com  
info@oaciq.com

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Madam,  
Sir,

If you have experienced a problem, the OACIQ Public Assistance Department is there to help you. Its mandate is to assist you when this problem involves a real estate or mortgage agency or broker. Be assured that we take every request very seriously and the OACIQ Public Assistance Department will make every effort to find a fair and equitable solution to your request.

Please complete the *Request for Assistance* form on page 2, explaining what happened. As soon as your request is received, it will be assigned to one of our analysts<sup>1</sup> who will take care of it promptly.

Please send us your duly signed request by email, mail or fax to the following address:

**Public Assistance Department, OACIQ**

4905, boul. Lapinière, bureau 2200  
Brossard (Québec) J4Z 0G2  
Tel.: 450-462-9800 or 1-800-440-7170  
Fax: 450-676-5627  
**assistance@oaciq.com**  
**oaciq.com**

If possible, include a copy of any relevant documents that you have in your possession such as brokerage contract, promise to purchase, annexes, document describing the immovable or enterprise, emails and other documents, etc.

Note that the Public Assistance Department's analysts have various means at their disposal to settle disputes wherever possible. As applicable, your request may be forwarded to the appropriate department. If you are not satisfied with the way your case was settled, you may request that it be submitted to the Syndic.

Yours sincerely,

**Public Assistance Department Team**

**Need help to complete your request for assistance?**

The Info OACIQ agents will be glad to assist you.  
450-462-9800 / 1-800-440-7170  
info@oaciq.com

<sup>1</sup> Only analysts, management and administrative support staff of the OACIQ Public Assistance Department and, if applicable, of other concerned departments, will have access to personal information contained in your request or in the documents attached thereto.

Where necessary, this information will be used or disclosed in accordance with the requirements of the *Act respecting access to documents held by public bodies and the protection of personal information*, R.S.Q., c. A-2.1, and other applicable laws. For this purpose, only the documents relevant to the processing of your request will be kept; the others will be confidentially destroyed or returned to you if they are originals. Please note that under this Act and subject to its terms and restrictions, you have the right to access and correct the personal information concerning you.

## REQUEST FOR ASSISTANCE Form exclusively reserved for the public

### SECTION I – IDENTIFICATION OF THE APPLICANT

**Name** \_\_\_\_\_ **Sex:** Female Male  
LAST NAME FIRST NAME

**Name** \_\_\_\_\_ **Sex:** Female Male  
LAST NAME FIRST NAME

**Address**  
 \_\_\_\_\_  
NUMBER STREET APT. / SUITE / SPACE  
 \_\_\_\_\_  
MUNICIPALITY PROVINCE POSTAL CODE  
 \_\_\_\_\_  
AREA CODE TELEPHONE NO. (HOME) AREA CODE TELEPHONE NO. (OFFICE) AREA CODE TELEPHONE NO. (CELLPHONE)

I authorize the OACIQ to contact me by email \_\_\_\_\_  
EMAIL ADDRESS

(Please inform us of any change in your contact information so we can reach you during the processing of your request for assistance.)

**I hereby request the Organisme d'autoréglementation du courtage immobilier du Québec to intervene in the situation described below.**

### SECTION II – NATURE OF TRANSACTION

**Date of transaction** \_\_\_\_\_ **Purchase / Sale / Lease – Immovable** **Purchase / Sale – Enterprise** **Mortgage loan**  
(YEAR/MONTH/DAY)  
**Other (please specify)** \_\_\_\_\_

**Address of immovable or enterprise (if applicable)**  
 \_\_\_\_\_  
NUMBER STREET APT. / SUITE / SPACE  
 \_\_\_\_\_  
MUNICIPALITY PROVINCE POSTAL CODE

### SECTION III – IDENTIFICATION OF THE PERSON(S) CONCERNED BY THE REQUEST FOR ASSISTANCE

**Licence No.** **Licence No.**  
 Agency \_\_\_\_\_ Broker \_\_\_\_\_ Other \_\_\_\_\_

**Name** \_\_\_\_\_  
LAST NAME FIRST NAME

**Agency** \_\_\_\_\_

**Address**  
 \_\_\_\_\_  
NUMBER STREET APT. / SUITE / SPACE  
 \_\_\_\_\_  
MUNICIPALITY PROVINCE POSTAL CODE  
 \_\_\_\_\_  
AREA CODE TELEPHONE NO. (HOME) AREA CODE TELEPHONE NO. (CELLPHONE) EMAIL ADDRESS

**Position or title** \_\_\_\_\_

PERSON CONCERNED 1

**SECTION III – IDENTIFICATION OF THE PERSON(S) CONCERNED BY THE REQUEST FOR ASSISTANCE (CONTINUED)**

PERSON CONCERNED 2

Agency	Licence No. <input style="width: 100%;" type="text"/>	Broker	Licence No. <input style="width: 100%;" type="text"/>	Other	<input style="width: 100%;" type="text"/>
<b>Name</b>					
<input style="width: 100%;" type="text"/>			<input style="width: 100%;" type="text"/>		
<small>LAST NAME</small>			<small>FIRST NAME</small>		
<b>Agency</b>					
<input style="width: 100%;" type="text"/>					
<b>Address</b>					
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	
<small>NUMBER</small>		<small>STREET</small>		<small>APT. / SUITE / SPACE</small>	
<input style="width: 100%;" type="text"/>			<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>
<small>MUNICIPALITY</small>			<small>PROVINCE</small>		<small>POSTAL CODE</small>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
<small>AREA CODE</small>	<small>TELEPHONE NO. (HOME)</small>	<small>AREA CODE</small>	<small>TELEPHONE NO. (CELLPHONE)</small>	<small>EMAIL ADDRESS</small>	
<b>Position or title</b>					
<input style="width: 100%;" type="text"/>					

**SECTION IV – PARTICULARS OF THE REQUEST FOR ASSISTANCE**

Please list the events in chronological order, making sure to include the names, addresses and telephone numbers of all other parties involved and those of witnesses, as well as the place, date and time of each event where possible. If space is insufficient, please use additional pages.



**IMPORTANT** – Please attach all documents pertaining to your request for assistance.

Only those documents relevant to the processing of your request will be kept. All others will be destroyed in a confidential manner or, in the case of originals, returned to you.

**WARNING** – The OACIQ reserves the right to disclose the content of this form to the parties concerned.

**DETAILS OF THE FACTS:**

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