**APPLICATION TO CONTEST A DECISION BY AN ADMINISTRATIVE AUTHORITY**

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| **APPLICANT** |
| Mr. [ ]  Ms. [ ]  Name:      | Home telephone:     Office telephone:     Cellphone:      |
| Address:       |
| City or town:       | Fax:      |
| Postal code:       | Email address:      |
| **REPRESENTATIVE OF THE APPLICANT (if applicable)** |
| Mr. [ ]  Ms. [ ]  Name of person, firm, association or union:       |
| Address:       | Telephone:      |
| City or town:       | Fax:      |
| Postal code:       | Email address:      |
| **🡺 Please notify us of any change of address.** |

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| **Identification of the decision and grounds for thE CONTESTATION** |
| Decision date:        | Administrative authority:  | Record number:       |
| Why do you disagree with the contested decision?      |
| **State the conclusions you are seeking.** |
|       |
| If necessary, continue the description on a blank sheet and attach it to this form.**🡺 Please enclose a copy of the contested decision, along with any other relevant documents.** |
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| **CONDUCT OF THE PROCEEDINGS** |
| * I would like a **decision based on the record**. **[ ]**

**OR*** I would like a **hearing to be held**. **[ ]**
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| **SIGNATURE AND DATE** |
| **I hereby permit the administrative authority that rendered the contested decision to send a copy of the record pertaining to the decision to the Tribunal administratif du travail.**Applicant’s signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **🡺 If you fax this form and the contested decision, please do not mail the originals.** |
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| **SUBMIT TO AN OFFICE OF THE TRIBUNAL** |
| Tribunal administratifdu travail900, boulevard René-Lévesque Est, 5e étage**Québec** (Québec) G1R 6C9Telephone: 418 643-3208Toll-free: 1 800 361-9593Fax: 418 643-8946Email: tat.quebec.vprt@tat.gouv.qc.caWebsite: [www.tat.gouv.qc.ca](http://www.tat.gouv.qc.ca) | **Proof of receipt**(Please leave this space blank.) | Tribunal administratifdu travail500, boul. René-Lévesque Ouest, Bureau 18.200**Montréal** (Québec) H2Z 1W7Téléphone : 514 873-7188Toll-free : 1 800 361-9593Fax: 514 873-3112Email: tat.montreal.vprt@tat.gouv.qc.caWebsite: [www.tat.gouv.qc.ca](http://www.tat.gouv.qc.ca) |