

File number : _____

In this application, I request a review of the decision rendered by the Commission des normes, de l'équité, de la santé et de la sécurité du travail on the following complaint(s):

(This information is found in the "Notice of file closure" that you received.)

- My pecuniary complaint
- My complaint for a prohibited practice
- My complaint for a dismissal without good and sufficient cause
- My complaint for psychological or sexual harassment
- My complaint for difference in treatment
- My complaint related to maintaining employee status

Explain below why you do not agree with the findings of the CNESST. We invite you to attach documents that support your position or submit to us any new fact that could change the decision:

Signature_____
Date_____
Name and surname (in block letters)

NOTE : Do not forget to send your application for review to the address indicated in your notice of file closure within 30 days of receipt of this notice.