
450 676-4800
1 800 440-5110

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

oaciq.com
info@oaciq.com

Dear Madam or Sir,

If you have experienced a problem, the OACIQ 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 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 analysts¹ who will take care of it promptly.

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

OACIQ Assistance Department

4905 Lapinière Blvd, Suite 2200,
Brossard (Québec) J4Z 0G2
Tel.: 450-676-4800 or 1-800-440-5110
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.

If you are a real estate or mortgage broker acting on behalf of an agency, the signature of the agency executive officer is required.

Note that the 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,

The Assistant 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

¹ Only analysts, management and administrative support staff of the OACIQ 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.

SECTION I – IDENTIFICATION OF THE APPLICANT

Name **Sex:** Female Male

LAST NAME	FIRST NAME

Occupation **Licence No.**

	IF OACIQ LICENCE HOLDER

Address

NUMBER	STREET	APPT. / SUITE / SPACE

MUNICIPALITY	PROVINCE	POSTAL CODE

AREA CODE	TELEPHONE NO. (HOME)	AREA CODE	TELEPHONE NO. (OFFICE)	AREA CODE	TELEPHONE NO. (CELLULAR)

E-MAIL 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	APPT. / SUITE / SPACE

MUNICIPALITY	PROVINCE	POSTAL CODE

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

PARTY CONCERNED – 1

Licence No. **Licence No.** **Other**

Agency	Broker	Other

Name

LAST NAME	FIRST NAME

Agency

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Address

NUMBER	STREET	APPT. / SUITE / SPACE

MUNICIPALITY	PROVINCE	POSTAL CODE

AREA CODE	TELEPHONE NO. (HOME)	AREA CODE	TELEPHONE NO. (OFFICE)	AREA CODE	TELEPHONE NO. (CELLULAR)

E-MAIL ADDRESS

Position or title

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Agency	<input type="text" value="Licence No."/>	Broker	<input type="text" value="Licence No."/>	Other	<input type="text"/>
Name					
<input type="text"/>			<input type="text"/>		
<small>LAST NAME</small>			<small>FIRST NAME</small>		
Agency					
<input type="text"/>					
Address					
<input type="text"/>		<input type="text"/>		<input type="text"/>	
<small>NUMBER</small>		<small>STREET</small>		<small>APPT. / SUITE / SPACE</small>	
<input type="text"/>			<input type="text"/>		<input type="text"/>
<small>MUNICIPALITY</small>			<small>PROVINCE</small>		<small>POSTAL CODE</small>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<small>AREA CODE</small>	<small>TELEPHONE NO. (HOME)</small>	<small>AREA CODE</small>	<small>TELEPHONE NO. (OFFICE)</small>	<small>AREA CODE</small>	<small>TELEPHONE NO. (CELLULAR)</small>
<input type="text"/>					
<small>E-MAIL ADDRESS</small>					
Position or title					
<input type="text"/>					

SECTION IV – PARTICULARS OF THE REQUEST FOR ASSISTANCE


 **NOTE**

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.**

 **NOTE**

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:
