

Request for Decision Review



Quebec Reimbursement Program
for Family and Close Friends of
Deceased Victims of a Criminal Act

General Information

Complete this request form only if you have already completed an **Application form** and would like us to review the decision made regarding your file. Please note that the Request for Decision Review form must be sent to us **within five business days** of your receipt of the original decision.

If you would like assistance in completing your form, please contact one of the following resources:

- Crime Victim Assistance Centres (CAVAC):
1-866-LE CAVAC (532-2822)
- *Association des familles de personnes assassinées ou disparues* (AFPAD) – association of families of homicide victims or missing persons: **1-877-484-0404**
- MADD Canada – Mothers Against Drunk Driving: **1-877-392-6233**

Procedure

You must enter all the required information in the correct fields. Forms with incorrect or incomplete information may cause a delay in processing your application.

After you have submitted your form

You will be notified in writing of the results of your review request within 30 days. All decisions made further to a review are final.

Notice of collection of personal information

The information contained in this form is being collected for the sole purpose of administering and evaluating the Program. Access to the information you send us is reserved for authorized persons only. In accordance with the *Act respecting the protection of personal information in the private sector (chapter P 39.1)*, your information will not be shared with any third-party organizations.

Additional information

Please do not hesitate to contact us if you have any questions or require more information. Write to us at **demande@programmeproches.ca** or call 514-277-9860, ext. 2234.

Sending in your form

Please email your form to: **demande@programmeproches.ca** or mail it to: **CP 70 BP Saint Dominique, Montréal, Québec, H2S 3K6**

An asterisk (*) indicates a compulsory field.

Information on the applicant

Name*

First name: _____

Last name: _____

Date of birth* (DD / MM / YYYY)

____ / ____ / ____

Complete address*

Street Address: _____

City: _____

Province / State / Region: _____

Postal Code / ZIP: _____

Country: _____

Telephone numbers* (only one field is required)

Home: _____

Cell: _____

Work: _____

Email address*
