



## REQUEST FOR OPINION OF REVIEW COMMITTEE

_____ LAST NAME AND FIRST NAME OF PROFESSIONAL CONCERNED BY REQUEST FOR INQUIRY	
_____ LAST NAME AND FIRST NAME OF PERSON REQUESTING INQUIRY BY SYNDIC	
_____ ADDRESS	
_____ (AREA CODE) HOME TELEPHONE NO.	_____ (AREA CODE ) WORK TELEPHONE NO.
_____ NAME OF SYNDIC OR ASSISTANT SYNDIC	_____ DATE DECISION OF SYNDIC OR ASST. SYNDIC RECEIVED

<b><u>SUMMARY OF GROUNDS FOR REQUEST FOR OPINION OF REVIEW COMMITTEE</u></b>	
_____ _____ _____ _____ _____	
_____ SIGNATURE	_____ DATE

**Please note that your request for an opinion of the review committee must be submitted within thirty (30 days), failing which you will lose your right to request an opinion of the review committee.**

N.B. The review committee must issue its opinion in writing within ninety (90) days of receipt of this request at the office of the review committee secretary.

The review committee may ask you to attend a hearing, if it deems it necessary.

The review committee may make one of the following decisions :

- 1° Conclude that there are no grounds to lodge a complaint with the committee on discipline;
- 2° Suggest that the syndic or assistant syndic complete his or her inquiry;
- 3° Suggest that the syndic or assistant syndic refer the case to the professional inspection committee;
- 4° Conclude that there are grounds to lodge a complaint with the committee on discipline and suggest the name of someone to act as syndic.