

COMPLAINT FORM

Commissariat aux plaintes et à la qualité des services

USER IDENTIFICATION	IDENTIFICATION OF THE USER'S REPRESENTATIVE (if applicable)	
Name:	Name:	
Date of birth:	Relationship with the user:	
Full address:	Full address:	
Postal Code:	Postal Code:	
Home phone:	Home phone:	
Cell phone:	Cell phone:	
Email:	Email:	
Room number if hospitalized/accommodated:		

EVENTS DETAILS
Date and time of the events:
Location and service concerned:
Name of employee or professional concerned:
Have you mentioned your dissatisfaction to the manager of the concerned sector?

Description of the facts/object of the complaint

🗌 Non

EXPECTED RESULTS

🔲 Oui

	🔽 Oui	🔲 Non
AUTHORIZATION OF DISCLOSURE:	Oui	l Non

I hereby authorize the Complaints and Service Quality Commissioner to forward a copy of this complaint to the manager of the concerned service for the sole purpose of processing it.

Commissariat aux plaintes et à la qualité des services 2915, avenue du Bourg-Royal, bureau 3005.1 Québec (Québec) G1C 3S2 Email: <u>commissaire.plainte.ciussscn@ssss.gouv.qc.ca</u> Phone number: 418 691-0762 / Toll free: 1 844 691-0762 Fax number: 418 643-1611