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COMPLAINT FORM

**Before submitting a complaint,**

**we suggest that you discuss the problem**

**with the caregiver concerned or his/her superior.**

The information submitted is **CONFIDENTIAL.**

**Identification of the user**

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| --- |
| First name and family name |
| Address  City Postal Code |
| Telephone no. (home) Cell. |
| Location concerned Room number |
| User’s record no. Date of birth |

If, according to the law, the user is represented by someone in formulating this complaint, identification of the representative (other than a person who is assisting the user or a practitioner) is required:

**Identification of the legal representative (if applicable)**

|  |
| --- |
| First name and family name |
| Address City Postal Code |
| Telephone no. (home) Cell. |
| Relationship to the user Legal representative yes □ no □ |

**The complaint – explain the motives which led to your dissatisfaction**

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|  |

**The complaint – explain the motives which led to your dissatisfaction (cont.)**

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| If additional space is required, please use a blank sheet and attach to your request. |

**User’s expectations (if applicable)**

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|  |

**Signature of the user or his/her representative Date**

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**I would like to receive the conclusions by E-mail.**

E-mail: ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please, send the complaint form signed to the Service Quality and Complaints Commissioner**

**E-mail: commissaire.cisssmc16@ssss.gouv.qc.ca**

**Fax: 450 462-7979**

**Mailing address: Service Quality and Complaints Commissioner**

**CISSS de la Montérégie-Centre**

**3120 Taschereau boulevard**

**Greenfield Park (Québec) J4V 2H1**

**Telephone numbers to talk to the Service Quality and Complaints Commissioner**

**450 466-5434 or toll-free number 1 866 967-4825, extension 8884**