

Confidential

Complaint form

Before writing down your dissatisfaction, may we suggest you first talk it over with the staff or his/her superior. In many cases, this simple step is sufficient to correct the situation.

However, if the result of this first step does not satisfy you, you may write a complaint to the service quality and complaints commissioner at anytime. Your complaint may be completed in writing using the present form, by email or verbally. The contact details are at the end of the form.

	User identification	
Last name:	First name:	
	Spoken language:	
(yyyy-mm-dd)		
	City:	
	Phone No.:	
	re the user may be reached (if applicable):	
Email address:		
Identification of the user's re	epresentative or user's assistant (if applicable)	
☐ I assist the user	☐ I represent the user	
Last name:		
	City:	
	Phone No.:	
Email address:		
Family relationship with the user (i	f applicable):	
	The complaint	
	e people involved, the facts and dates, the steps	
you have taken and the installation concerned) CLSC Centre d'hébergement Hôpital		
CESCCentre d neb	ergement riopital	

Description of your	complaint (cont	uj.
The results expecte	d from your com	nplaint:
Date	Time	Signature of the user or his authorized representative

Please send the completed form to:

Service quality and complaints commissioner 150, rue Saint-Thomas Salaberry-de-Valleyfield (Québec) J6T 6C1 **Email**: insatisfactions-plaintes.cisssmo16@ssss.gouv.qc.ca

If you prefer by phone: 450 371-9920, extension 2280 (Toll free no: 1 800 694-9920, poste 2280)