

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

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

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

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

User's expectations (if applicable)

Signature of the user or his/her representative

Date

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