

## COMPLAINT FORM

Information on the user	
Name :	File number (if known) :
First name :	Telephone :
Date of birth :	Email :
Address :	

Identification of person, or organization, filing the complaint on behalf of a user (if applicable)	
Name :	Telephone :
First name :	Email :

If you are filing a complaint for a minor or an incapacitated person, please indicate if you are :

- ☐ Parental authority  
☐ Mandatary (homologated protection mandate)  
☐ Heirs (proof of status is required)  
☐ Other, please indicate : \_\_\_\_\_

Installation and/or person concerned by your complaint
<input type="checkbox"/> CLSC <input type="checkbox"/> CHSLD <input type="checkbox"/> Hospital <input type="checkbox"/> DYP / Youth center <input type="checkbox"/> Intermediate resource / family-type resource <input type="checkbox"/> Other
Name of the installation :
Name of service or unit (if known) :
City :
Name and job title of the person concerned by your complaint (if known) :

Description of the situation
Date and time of the event :
Description of the event (provide facts and how the rights of the user were not respected):

Description of the event :

Your expectations (what results are you expecting with this complaint) :

- ☐ By checking this box, you consent for the service quality and complaints commissioner (commissariat aux plaintes et à la qualité des services) to share a copy of this form with the managers of the unit/service concerned by your complaint.

\_\_\_\_\_  
Signature of the user or representative

\_\_\_\_\_  
Date

Please return your complaint form to our office, we will get back to you as soon as possible.

**Service quality and complaints commissioner**  
**Commissariat aux plaintes et à la qualité des services**

CISSS de la Montérégie-Est  
1215, chemin du Tremblay, Suite 220, Room 2270  
Longueuil (QC) J4N 1R4

1 844 302-8447

[plaintes.cisssme16@ssss.gouv.qc.ca](mailto:plaintes.cisssme16@ssss.gouv.qc.ca)

**Montérégie-est**