

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

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Montérégie-est