

SERVICE QUALITY AND COMPLAINTS COMMISSION

DISSATISFACTION FORM

The personal information you provide to us is confidential. They are protected and treated in accordance with the law. A complaint can be made by a person who uses the services of an organization or his representative.

For the purpose of processing your request, please note that the Service Quality and Complaints Commission of the Capitale-Nationale CIUSSS may confidentially exchange information regarding your request with persons or entities that are directly or indirectly implicated or concerned.

The completed form must be sent to the following email address:

commissaire.plainte.ciussscn@ssss.gouv.qc.ca

User identification

Email:

Last name:

First name:

Date of birth (YYYY/MM/DD):

Address:

Postal code:

Phone:

Phone (other):

Did you attempt to resolve this problem with the staff member or his/her immediate superior before contacting the Commissioner's office?

Yes No

Identification of the author of the complaint (if other than the user)

Last name:

First name:

Relationship to the user:

Address:

Postal Code:

Phone:

Email:

Event details

Specify the date the event occurred (YYYY/MM/DD):

Hour:

Specify the location where the incident occurred (service, department, unit, clinic, etc.):

Specify person(s) or entities that are involved (physician, personnel, user, visitor, etc.):

Explain the motives which led to your dissatisfaction:

Specify the results expected:

NOTE: You can attach all documents that are relevant for the review of your request.

I certify that the information provided on this form is accurate.

I authorize the Service Quality and Complaints Commission of the Capitale-Nationale CIUSSS to forward a copy of this complaint to the manager involved in my complaint.

Yes No