

# COMPLAINT FORM

USER IDENTIFICATION	IDENTIFICATION OF THE USER'S REPRESENTATIVE (if applicable)
Name:	Name:
Date of birth:	Relationship with the user:
Full address:	Full address:
Postal Code:	Postal Code:
Home phone:	Home phone:
Cell phone:	Cell phone:
Email:	Email:
Room number if hospitalized/accommodated:	

EVENTS DETAILS
Date and time of the events:
Location and service concerned:
Name of employee or professional concerned:
Have you mentioned your dissatisfaction to the manager of the concerned sector?  <input type="checkbox"/> Oui <input type="checkbox"/> Non

Description of the facts/object of the complaint

EXPECTED RESULTS

**AUTHORIZATION OF DISCLOSURE:**                       Oui                       Non

I hereby authorize the Complaints and Service Quality Commissioner to forward a copy of this complaint to the manager of the concerned service for the sole purpose of processing it.

Commissariat aux plaintes et à la qualité des services  
2915, avenue du Bourg-Royal, bureau 3005.1  
Québec (Québec) G1C 3S2  
**Email:** [commissaire.plainte.ciusscn@sss.gouv.qc.ca](mailto:commissaire.plainte.ciusscn@sss.gouv.qc.ca)  
**Phone number:** 418 691-0762 / **Toll free:** 1 844 691-0762  
**Fax number:** 418 643-1611