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| QUEBi2c | **COMPLAINT FORM****Service quality improvement approach** |
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| **Réservé à l’administration** |
|  | **Numéro de** **dossier de plainte :** |  |

**USER IDENTIFICATION**

Last name:  First name: 

Address: 

Postal code: 

Home phone:  Work phone number: 

Cell phone number:  Email: 

Birth date:  Language: 

**IDENTIFICATION OF THE PERSON WHICH ACCOMPANIES THE USER (if applicable)**

(If in accordance with Article 12 of the Act, the user minor or incompetent adult user is represented in the proceedings

examination of the complaint, the identification of the representative is required. )

Last name:  First name: 

Address : 

Postal code: 

Home phone:  Work phone number: 

Cell phone number:  Email: 

Reason of representation: 

Relationship to the user (if applicable): 

**IDENTIFICATION OF THE PERSON OR ORGANIZATION WHO ASSISTED USER (if applicable)**

(If the user is assisted in the review process of the complaint, the identification of the person or organization who assists is required.)

Last name:  First name: 

Organization: 

Address: 

Relationship with the user (if applicable): 

 **(BACK)**

**COMPLAINT (Complete the following information)**

Name of employe implicated:  Function: 

Service concerned:  Where: 

Date of the incident:  Hour: 

**REASON OF COMPLAINT**

 (Write here)

**EXPECTED RESULTS BY THE USER OR REPRESENTATIVE**

 (Write here)

Date:  
Signature of user or representation

**CONSENTEMENTS**

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| **APPROVAL OF DISCLOSURE :**   I authorize the Commissioner for Complaints and the quality of services to forward a copy of this complaint to the manager involved in my complaint, and that the sole purpose of processing.**SEND BY E-MAIL:**   I confirm that the information on this form, sent by e-mail, is true. |

Address : Service Quality and Complaints Commissioner

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