Santé Québec

☐ Complaint
☐ Report

COMPLAINT FORM

PLEASE CHECK THE BOX FOR THE APPLICABLE AREA AND FACILITY

Area :
☐ Kamouraska ☐ La Matanie ☐ La Matapédia ☐ La Mitis
☐ Les Basques ☐ Rimouski-Neigette ☐ Rivière-du- Loup ☐ Témiscouata

Installation :
☐ Hospital Center ☐ CLSC ☐ Residential Care Center ☐ Physical Disability ☐ Addiction
☐ CPEJ ☐ DI-ASD-PD ☐ Private seniors' residences (please specify): _____ RI/RTF (please specify): _____
Community organizations (please specify): _____ Ambulance services (please specify): _____

CLIENT IDENTIFICATION

Last name: First name:

Address: No. : Street: City: ZIP Code:

Phone number: Home: Work: Mobile:

Date of birth: Where the individual can be reached within the facility (Room/Office No.):

Email address: RAMQ number:

IDENTIFICATION OF THE INDIVIDUAL'S REPRESENTATIVE OR THE PERSON ASSISTING THE INDIVIDUAL
(IF APPLICABLE)

If, in accordance with the law, the individual is represented or assisted (by someone other than the individual's representative or a staff member) in submitting this complaint, the identification of their representative or the person assisting them is required.

Check the appropriate box: ☐ Individual's representative ☐ Person providing assistance

Last name: First name:

Address: No. : Street: City: ZIP Code:

Phone number: Home: Work: Mobile:

Email address: Relationship to the individual:

DESCRIPTION OF THE INCIDENT OR STATEMENT OF FACTS

DESCRIPTION OF THE EVENT OR STATEMENT OF FACTS (CONTINUED)

WHAT ARE YOUR EXPECTATIONS FOLLOWING THIS PROCESS

DATE (Year/month/day)	TIME	USER SIGNATURE

DATE (Year/month/day)	TIME	REPRESENTATIVE OR ASSISTING PERSON SIGNATURE

For additional information, please call 1 844 255-7568

YOU MAY SEND YOUR DECLARATION FORM BY MAIL
ATTN:
COMMISSAIRE AUX PLAINTES ET À LA QUALITÉ DES SERVICES
287, PIERRE-SAINDON STREET, 3rd FLOOR, P.O. BOX 3500, RIMOUSKI (QUÉBEC) G5L 8V5 OR
BY EMAIL AT THE FOLLOWING ADDRESS plaintes.cisssbsl@ssss.gouv.qc.ca