

COMPLAINT FORM

RELEVANT SERVICE

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

Installation: Hospital CLSC Residential and long-term care (CHSLD) Physical deficiency Addiction
 DYP (CPEJ) ID-PD-ASD FTR-IR (details): _____ Ambulance services (details): _____
 Social economy business (details): _____ Private senior's residence (details): _____

REPORTING MISTREATMENT

Type: Material or financial Institutional Physical Psychological Sexual Ageism
 Violation of rights

USER IDENTIFICATION

Name : _____ First name : _____
 Address (# and street name) : _____ City : _____ Postal code : _____
 Phone #: Residence : _____ Work : _____ Cell : _____
 Date of birth: _____ Room # (if hospitalised or resident) : _____
 Email : _____ User record (medical file) # : _____

IDENTIFICATION OF THE LEGAL REPRESENTATIVE (if applicable)

If, according to the law, the user is represented by someone in formulating this complaint, identification of the representative is required.

Check form : User representative Assisted Link

Name : _____ First name : _____
 Address (# and street name) : _____ City : _____ Postal code : _____
 Phone #: Residence: _____ Work : _____ Cell : _____ Email : _____

Explain the motives which led your dissatisfaction (Details of event)

Back →

What are your expectations (outcome)?

DATE	HOUR	Complainant's signature or representative

COMPLAINT COMMISSIONER SECTION	
<input type="checkbox"/> Complaint <input type="checkbox"/> Assist <input type="checkbox"/> Consultation <input type="checkbox"/> Intervention	File # :
By (commissioner) :	
Deposit form :	<input type="checkbox"/> Written <input type="checkbox"/> Verbal
Date of reception :	

For assistance and support please call : 1 844 255-7568

Completed form must be forwarded to :

**COMMISSAIRE AUX PLAINTES ET À LA QUALITÉ DES SERVICES
287, RUE PIERRE-SAINDON, 3^E ÉTAGE, C. P. 3500, RIMOUSKI (QUÉBEC) G5L 8V5
OR BY E-MAIL AT : plaintes.cisssbsl@ssss.gouv.qc.ca**

