

RELEVANT SERVICE			
<b>Location :</b>	<input type="checkbox"/> Kamouraska	<input type="checkbox"/> La Matanie	<input type="checkbox"/> La Matapédia
	<input type="checkbox"/> Les Basques	<input type="checkbox"/> Rimouski-Neigette	<input type="checkbox"/> La Mitis
		<input type="checkbox"/> Rivière-du-Loup	<input type="checkbox"/> Témiscouata
<b>Facility :</b>	<input type="checkbox"/> Hospital <input type="checkbox"/> Local community service center (CLSC) <input type="checkbox"/> Long-term care residential center (CHSLD) <input type="checkbox"/> Addiction <input type="checkbox"/> Physical disability <input type="checkbox"/> Child and youth protection center <input type="checkbox"/> ID-PD-ASD <input type="checkbox"/> FTR-IR (details) : _____ <input type="checkbox"/> Ambulance services (details) : _____ <input type="checkbox"/> Community organizations (details) : _____ <input type="checkbox"/> Private senior's residence (details) : _____		

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 :	RAMQ number :	

IDENTIFICATION OF THE LEGAL REPRESENTATIVE (if applicable)			
If, according to the law, the user is represented or assisted by someone in formulating this complaint, identification of the representative or of the person who assists him is required.			
Check form :	<input type="checkbox"/> User legal : representative	<input type="checkbox"/> Assist	Link :
Name :		First name :	
Address (# and street name) :		City :	Postal code :
Phone # : Residence :		Work :	Cell : Email :

[illegible]

PROVIDE SPECIFIC DETAILS ABOUT YOUR COMPLAIN OR CONCERN

What are you expecting from this process

DATE	HOUR	User's signature

DATE	HOUR	Signature of representative or person supporting user

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<sup>e</sup> ÉTAGE, C. P. 3500, RIMOUSKI (QUÉBEC) G5L 8V5  
 OR BY E-MAIL AT : [plaintes.cisssbsl@ssss.gouv.qc.ca](mailto:plaintes.cisssbsl@ssss.gouv.qc.ca)