

COMPLAINT FORM

☐ Complain
☐ Reporting

RELEVANT SERVICE

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

Facility : ☐ Hospital ☐ (CLSC) ☐ Residential center (CHSLD) ☐ Addiction
☐ Physical disability ☐ Child and youth protection center ☐ ID-PD-ASD ☐ FTR-IR (details) : _____
☐ Ambulance services (details) : _____ ☐ Community organizations (details) : _____
☐ 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 : ☐ User legal : representative ☐ Assist Link : _____
Name : _____ First name : _____
Address (# and street name) : _____ City : _____ Postal code : _____
Phone # : Residence : _____ Work : _____ Cell : _____ Email : _____

PROVIDE SPECIFIC DETAILS ABOUT YOUR COMPLAIN OR CONCERN

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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^e ÉTAGE, C. P. 3500, RIMOUSKI (QUÉBEC) G5L 8V5
OR BY E-MAIL AT : plaintes.cisssbsl@ssss.gouv.qc.ca