Centre intégré de santé et de services sociaux des Laurentides \* \* uébec 🐱 🐱

**USER IDENTIFICATION** 

\*Home phone number :

Cell phone number :

\*Last name :

\*Postal code:

\*Birth date:

Last name:

Postal code:

Home phone number:

Cell phone number :

Reason of representation:

Relationship to the user (if applicable):

Address:

\*Address:

## COMPLAINT FORM

The personal information provided is CONFIDENTIAL

Commissariat aux plaintes et à la qualité des services

Réservé à l'administration Numéro de dossier: \*First name : Work phone number : Language: **IDENTIFICATION OF THE PERSON WHICH ACCOMPANIES THE USER (if applicable)** (According to article 12 of the Act, the user who is a minor or a user of full age under legal incapacity who is represented in this complaint examination procedure, the identification of the representative is required.) First name: Work phone number :

## IDENTIFICATION OF THE PERSON OR ORGANIZATION WHO ASSIST THE USER (if applicable)

(If the user is assisted in the complaint examination procedure, the identification of the person or organization who assist is required.)

Last name :	First name :
Organization :	
Address :	
Postal code :	
Relationship to the user (if applicable) :	

## **COMPLAINT (complete the following information)**

Name of staff	
implicated :	Function :
*Service concerned :	*Where :
*Date of the incident :	Hour:
REASON OF COMPLAINT	

EXPECTED RESULTS BY THE USER OF REPRESENTATIVE				
*5.				
*Date :	*Sig	gnature of user or representation		
		3		
CONSENT				
*APPROVAL OF DISCLOSURE :				
I authorize the Service Quality Complaints Commissioner to forward a copy of this complaint form to the manager in charge of care and services involved in this complaint, for the sole purpose of examining the complaint.				
*SEND BY E-MAIL:				
I confirm that the information on this form, sent by e-mail, is true.				
RÉSERVÉ À L'ADMINISTRATION				
☐ Plainte écrite	☐ Assistance	Consignée par :		
☐ Plainte verbale	☐ Consultation	Date :		
☐ Plainte médicale	☐ Intervention	Signature :		
		Dossier de plainte numéro :		
Address :	Iress: Service Quality and Complaints Commissioner 225, Du Palais street			
	Saint-Jérôme (Quebec) J7Z 1X7			
E-mail :	info-plaintes@ssss.gouv.qc.ca			

Phone: 450 432-8708 Toll-free: 1-866 822-0549 Fax: 450 431-8446