



Complaint or Dissatisfaction Form

Personal information disclosed is CONFIDENTIAL

Service quality and complaints
commissioner office

1. USER IDENTIFICATION

FIRST NAME:	LAST NAME:	
ADDRESS (number, street and municipality):		
PROVINCE:	COUNTRY:	POSTAL CODE:
PHONE:	EXTENSION:	CELL PHONE:
E-MAIL:		
DATE OF BIRTH (year-month-day):	USER'S FILE NUMBER (if known):	

2. IDENTIFICATION OF THE REPRESENTATIVE OF THE USER (if any)

IF, IN ACCORDANCE WITH THE LAW, THE USER IS REPRESENTED OR ASSISTED IN THE FORMULATION OF THIS DECLARATION, THE IDENTIFICATION OF HIS REPRESENTATIVE OR THE PERSON ASSISTING HIM IS REQUIRED.

FIRST NAME:	LAST NAME:	
ADDRESS (number, street and municipality):		
PROVINCE:	COUNTRY:	POSTAL CODE:
PHONE:	EXTENSION:	CELL PHONE:
E-MAIL:		
CHECK THE APPROPRIATE BOX:		
<input type="checkbox"/> I AM THE LEGAL REPRESENTATIVE OF A MINOR USER		
<input type="checkbox"/> I AM THE LEGAL REPRESENTATIVE OF AN INAPT USER:		
<input type="checkbox"/> CURATOR <input type="checkbox"/> TUTOR <input type="checkbox"/> PROTECTION MANDATE		
<input type="checkbox"/> OTHER: _____		
<input type="checkbox"/> I ASSIST THE USER TO FILE THEIR DECLARATION		
<input type="checkbox"/> OTHER (please, specify): _____		

3. IDENTIFICATION OF THE PLACE

NAME OF INSTALLATION OF SERVICE CONCERNED:
EVENT DATE (year-month-day):
NAME OF THE PERSON CONCERNED:

4. DESCRIPTION OF EVENT OR STATEMENT OF FACTS

DESCRIBE, IN A FEW LINES, THE EVENT OR EXPOSE THE FACTS:

5. YOUR EXPECTATIONS OR EXPECTED RESULTS

PRESENT, IN A FEW LINES, YOUR EXPECTATIONS OR EXPECTED RESULTS:

6. SIGNATURE OF THE USER OR THEIR REPRESENTATIVE

I AGREE TO HAVE A MEMBER OF THE SERVICE QUALITY AND COMPLAINTS COMMISSIONER OFFICE REVIEW MY FILE AND THAT THE RELEVANT INFORMATION BE PROVIDED TO THE APPROPRIATE MANAGERS.

SIGNATURE OF THE USER OR THEIR REPRESENTATIVE

DATE (year-month-day)

Return signed form to

RETURN TO THE POINT OF SERVICE ACCORDING TO YOUR TERRITORY

FOR THE TERRITORIES OF MRC APPALACHES, BEAUCE-SARTIGAN, ROBERT-CLICHE, ETCEMINS AND NOUVELLE-BEAUCE	FOR THE TOWN OF LÉVIS, MRC LOTBINIÈRE, MONTMAGNY-L'ISLET AND BELLECHASSE
<p>Service quality and complaints commissioner CISSS de Chaudière-Appalaches 1637 Notre-Dame Street East Thetford Mines (Québec) G6G 2V3 By fax : 1 418 338-7736 By email: commissaire.cisss-ca@ssss.gouv.qc.ca Phone: 1 877 986-3587</p>	<p>Service quality and complaints assistant commissioner CISSS de Chaudière-Appalaches 55 du Mont-Marie Street Lévis (Québec) G6V 0B8 By fax: 1 418 380-6318 By email: commissaire.cisss-ca@ssss.gouv.qc.ca Phone: 1 877 986-3587</p>

SECTION RESERVED TO SERVICE QUALITY AND COMPLAINTS COMMISSIONNER

<input type="checkbox"/> COMPLAINT	<input type="checkbox"/> MEDICAL COMPLAINT	<input type="checkbox"/> INTERVENTION	<input type="checkbox"/> ASSISTANCE	<input type="checkbox"/> CONSULTATION	FILE NUMBER:
RECEIVED BY:					
DEPOSIT MODE: <input type="checkbox"/> WRITTEN <input type="checkbox"/> VERBAL			RECEIVED (year-month-day):		