## **Complaint form**

Note: A verbal complaint can also be submitted by calling the service quality and complaints commissioner

USER'S IDENTIFICATION (MANDATORY)	
First name:	Family name:
Address:	City:
Postal code:	Telephone:
Email:	
Date of birth:	User's file number if known:
IDENTIFICATION OF COMPLAINANT (IF DIFFERENT FROM USER)	
First name:	Family name:
Address:	City:
Postal code:	Telephone:
Email:	Relationship to user:
SIGNATURE	
Signature of user or complainant:	Date:
FORWARD YOUR SIGNED FORM TO	TO BE ASSISTED OR ACCOMPANIED
Office of the service quality and complaints commissioner  1, 9° Rue Rouyn-Noranda (Québec) J9X 2A9	You can, at any time, be assisted or accompanied at no charge, in the complaint process by a counselor from the Centre d'assistance et d'accompagnement aux plaintes de l'Abitibi-
Toll free: 1 888-764-5531	Témiscamingue (Federation of complaint assistance and support

committee.

system): 1877-767-2227 or by a member of your user's

ON LINE FORM

www.cisssat.gouv.qc.ca

cisssat.info.plaintes@ssss.gouv.qc.ca

https://www.cisss-at.gouv.qc.ca/question-commentaire-plainte/

## **Complaint form**

ESTABLISHMENT		
Name or location of establishment:		
City:		
Name of person targeted by the complaint (if applicable):		
Name of doctor targeted by complaint (if applicable):		
Date and time of the incident (if applicable):		
Have you tried to resolve the issue beforehand with the worker or their supervisor before contacting the commissioner?	Yes:  No:	
Would you authorize us to send a copy of this complaint to the relevant manager?	Yes: □ No: □	
DETAILS OF COMPLAINT (PLEASE ADD MORE PAGES IF NECESSARY)		
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YOUR EXPECTATIONS (EXPECTED OUTCOME FOLLOWING THE TREATMENT OF YOUR COMPLAINT)		