

## COMPLAINT FORM

Note : A complaint can also be made verbally, by contacting the Commissaire aux plaintes et à la qualité des services. This form can be completed online at the following address: [santeestrie.qc.ca/complaint](http://santeestrie.qc.ca/complaint)

### 1. USER'S INFORMATION (REQUIRED)

First name: \_\_\_\_\_ Given and last name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Postal Code : \_\_\_\_\_ Phone number: \_\_\_\_\_ Email: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Hospital card number (if known): \_\_\_\_\_

### 2. COMPLAINANT INFORMATION (IF DIFFERENT FROM USER)

First name: \_\_\_\_\_ Last name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

In which capacity?

- I am the representative of a user of full age **unable to give consent**:  Curator  Tutor  
 Homologated mandate  Relative (if there is no legal representative)  
Specify : \_\_\_\_\_

- I am assisting the user **capable of giving consent** to file his complaint and I am doing so as:

(Specify relationship with the user): \_\_\_\_\_

**Note: The user capable of giving consent must be aware of this complaint initiative and approve it.**

**The complaint will be under the user's name and he/she will receive the conclusion, unless otherwise specified by him/her**

- I am the person who has parental authority of the user who is a minor  
 I am the tutor of the user who is a minor

### 3. I hereby authorize that the integral copy of this complaint form be sent to the manager concerned (when needed)\*:

- Yes  No

Note : the physician concerned by the complaint will receive a copy of this form in conformity with article 47 of the Act respecting Health Services and Social Services.

### 4. Signature of the user or the complainant: \_\_\_\_\_ Date: \_\_\_\_\_

#### Send this completed form

at one or the other office (depending on the territory concerned)

#### For La Pommeraie and Haute-Yamaska territories:

Commissaire aux plaintes et à la qualité des services  
CIUSSS de l'Estrie – CHUS  
**Hôpital et CHSLD de Granby**  
205, Boulevard Leclerc Ouest  
Granby (Québec) J2G 1T7  
Par télécopieur : 450 375-8010  
Par courriel : [plaintes.ciussse-chus@ssss.gouv.qc.ca](mailto:plaintes.ciussse-chus@ssss.gouv.qc.ca)  
Téléphone : 1 866 917-7903 (Toll free)

#### All the other territories of the Estrie region:

Commissaire aux plaintes et à la qualité des services  
CIUSSS de l'Estrie – CHUS  
**CLSC Murray**  
500, rue Murray, case postale 2  
Sherbrooke (Québec) J1G 2K6  
Par télécopieur : 819 822-6716  
Par courriel : [plaintes.ciussse-chus@ssss.gouv.qc.ca](mailto:plaintes.ciussse-chus@ssss.gouv.qc.ca)  
Téléphone : 1 866 917-7903 (Toll free)

