

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/complaints

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 (select one choice) :		
<input type="checkbox"/> I am representing an incapable user : <input type="checkbox"/> Curator <input type="checkbox"/> Tutor <input type="checkbox"/> Parent of a minor child		
<input type="checkbox"/> Protection mandate <input type="checkbox"/> Other : _____		
<input type="checkbox"/> I assist the user to file the complaint at his/her request		
Note: The complaint will be under the user's name and he/she will receive the conclusion, unless otherwise specify by him/her. (Does not apply to medical complaints)		
<input type="checkbox"/> Other (specify) : _____		

3. I authorize that the head of the department involved receives a copy of this complaint form (if necessary):

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 Pommeraiie and Haute-Yamaska territories:	All the other territories of the Estrie region:
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 Fax: 450 375-8010 Email : plaintes.ciussse-chus@ssss.gouv.qc.ca Phone: 1 866 917-7903 (Toll free)	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 Fax: 819 822-6716 Email : plaintes.ciussse-chus@ssss.gouv.qc.ca Phone: 1 866 917-7903 (Toll free)

5. INSTALLATION OR PERSON CONCERNED CHSLD CLSC Hospital Rehab center Private residence Other

Name of the installation : _____

City : _____

Employee name (if applicable) : _____

Doctor's name (if applicable) : _____

Date and time of the incident (if applicable): _____

6. DESCRIPTION OF INCIDENT (if you need more space, please complete on another sheet):

7. EXPECTED RESULTS :