

COMPLAINT FORM

This form can be completed online at the following address: santeestrie.qc.ca/complaint

IDENTIFICATION OF THE USER (REQUIRED)	
Last name:	First name:
Date of birth:	Deceased user
Pronoun used: he she they	Hospital card number (if known):
Address:	City:
Postal code:	E-mail: No Email
Phone number:	Cell. number:

IDENTIFICATION OF THE COMPLAINANT (IF DIFFERENT FROM USER)	
Last name:	First name :
Pronoun used: he she they	
Address:	City:
Postal code:	E-mail: No E-mail
Phone number:	Cell. number:

IF YOU FILE A COMPLAINT FOR A USER, YOU DO SO IN WHAT CAPACITY?
I am the legal representative of a user of full age unable to give consent :
TUTOR
HOMOLOGATED MANDATE
OTHER (PLEASE SPECIFY):
I am the parent of a minor child
I am assisting the user capable of giving consent to file his/her complaint. Specify relationship to the user: 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/they will receive the conclusion, unless otherwise specified by he/she/they.

<p>I hereby authorize that the integral copy of this complaint form be sent to the manager concerned (when needed) :</p> <p style="text-align: center;">YES NO</p> <p>Note : for medical complaints, the physician concerned by the complaint will receive copy of this form in conformity with the article 47 of the Act respecting Health Services and Social Services.</p>

SEND THIS COMPLETED FORM TO:

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

LOCATION WHERE THE INCIDENT OCCURED					
CLSC	CHSLD	HÔPITAL	CENTRE DE RÉADAPTATION	RÉSIDENCE PRIVÉE POUR ÂNÉ-E-S (RPA)	AUTRE
Name of the installation:					
City:					
Employee's name (if applicable):					
Physician's name (if applicable):					

DATE AND TIME OF THE INCIDENT <i>(IF APPLICABLE)</i> :

DESCRIPTION OF THE INCIDENT <i>(IF YOU NEED MORE SPACE, PLEASE COMPLETE ON ANOTHER SHEET)</i>

EXPECTED RESULTS