

COMPLAINT FORM

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

IDENTIFICATION OF THE USER (required)	IDENTIFICATION OF THE COMPLAINANT (if different from the user)
Last name:	Last name:
First name:	First name:
Pronoun used: <input type="checkbox"/> he <input type="checkbox"/> she <input type="checkbox"/> they	Pronoun used: <input type="checkbox"/> he <input type="checkbox"/> she <input type="checkbox"/> they
Date of birth: (required)	
<input type="checkbox"/> Deceased user	
Address:	Address:
City:	City:
Postal code:	Postal code:
Phone number:	Phone number:
Cell. number:	Cell. number:
E-mail address:	E-mail address:
<input type="checkbox"/> No email	<input type="checkbox"/> No email
Hospital card number (if known):	

IF YOU FILE A COMPLAINT FOR A USER, YOU DO SO IN WHAT CAPACITY?
I am the legal representative of the user who is of full age and unable to give consent:
<input type="checkbox"/> TUTOR
<input type="checkbox"/> HOMOLOGATED MANDATE
<input type="checkbox"/> OTHER (PLEASE SPECIFY) :
I am the parent of the minor child concerned by this complaint
I am assisting the user to file his/her/their complaint. The user is capable of giving consent. Relationship to the user:
The complaint will be under the user's name and he/she/they will receive the conclusion, unless otherwise specified by he/she/they.

I hereby authorize that the integral copy of this complaint form be sent to the manager concerned (when needed):
<input type="checkbox"/> YES <input type="checkbox"/> NO
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.

PLEASE SEND THIS COMPLETED FORM TO ANY OF THE ADDRESSES BELOW:

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 Téléphone : 1 866 917-7903 (sans frais)	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 Téléphone : 1 866 917-7903 (sans frais)
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LOCATION WHERE THE INCIDENT OCCURED

CLSC CHSLD HOSPITAL CENTRE DE RÉADAPTATION RÉSIDENCE PRIVÉE POUR AÎNÉ-E-S (RPA) OTHER

Name of the installation:

City:

Employee's name (if applicable):

Physician's name (if applicable):

DATE AND TIME OF THE INCIDENT**DESCRIPTION OF THE INCIDENT** *(IF YOU NEED MORE SPACE, PLEASE COMPLETE ON ANOTHER SHEET)***EXPECTED RESULTS**