**COMPLAINT FORM**

CONFIDENTIALLL

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

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| **Identification of the user** *(required)* | **Identification of the complainant***(if different from the user)* |
| Last name:  | Last name: |
| First name:  | First name: |
| Pronoun used: [ ]  he [ ]  she [ ]  they | Pronoun used: [ ]  he [ ]  she [ ]  they |
| Date of birth: *(required)* |  |
| [ ]  Deceased user |  |
| Address:  | Address: |
| City:  | City: |
| Postal code:  | Postal code: |
| Phone number: | Phone number: |
| Cell. number:  | Cell. number: |
| E-mail address:  | E-mail address:  |
| [ ]  No email | [ ]  No email |
| Hospital card number (if known):  |  |

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| **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:  |
|  [ ]  Tutor  |
|  [ ]  homologated mandate |
|  [ ]  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.  |

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| **I hereby authorize that the integral copy of this complaint form be sent to the manager concerned**(when needed**:** [ ]  yes [ ]  noNote : 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:**

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| Commissaire aux plaintes et à la qualité des servicesCIUSSS de l’Estrie – CHUS**CLSC Murray**500, rue Murray, case postale 2Sherbrooke (Québec) J1G 2K6Par télécopieur : 819 822-6716Par courriel : plaintes.ciussse-chus@ssss.gouv.qc.caTéléphone : 1 866 917-7903 (sans frais) | Commissaire aux plaintes et à la qualité des servicesCIUSSS de l’Estrie – CHUS**Hôpital et CHSLD de Granby**205, boulevard Leclerc OuestGranby (Québec) J2G 1T7Par télécopieur : 450 375-8010Par courriel : plaintes.ciussse-chus@ssss.gouv.qc.caTéléphone : 1 866 917-7903 (sans frais) |
| **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):  |

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| **Date and time of the incident** |
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| **Description of the incident** *(if you need more space, please complete on another sheet)* |
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| **Expected results** |
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