**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  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:**

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| 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 (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](mailto:plaintes.ciussse-chus@ssss.gouv.qc.ca)  Téléphone : 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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