

COMPLAINT FORM

Complain
Reporting

	RELEVA	NT SERVICE		
Location :	☐ La Matanie ☐ Rimouski-Neigette		La Matapédia Rivière-du-Loup	☐ La Mitis ☐ Témiscouata
Facility: Hospital (CLSC)				
☐ Physical disability ☐ Child and your Ambulance services (details):			FTR-IR (details) : anizations (details) :	
Private senior's residence (details	s):			
	USER IDE	NTIFICATION		
Name :	First r	name :		
Address (# and street name) :	City	' :	I	Postal code :
Phone # : Residence :	Work:		Cell :	
Date of birth :		Room # (it	f hospitalised or resident) :	
Email :			RAMQ number :	
	CATION OF THE LEGA			
If, according to the law, the user is representative or of the person who a		by someone	in formulating this con	nplaint, identification of the
Check form: User legal: rep	resentative	Assist	Link :	
Name :	First r	name :		
Address (# and street name) :	City	•	Po	ostal code :
Phone #: Residence:	Work :	Cell :	Email :	
PROVIDE SI	PECIFIC DETAILS ABO	OUT YOUR CO	MPLAIN OR CONCE	RN
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DATE	HOUR	User's signature
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	HOUR	User's signature

For assistance and support please call: 1 844 255-7568

Completed form must be forwarded to :
COMMISSAIRE AUX PLAINTES ET À LA QUALITÉ DES SERVICES
287, RUE PIERRE-SAINDON, 3° ÉTAGE, C. P. 3500, RIMOUSKI (QUÉBEC) G5L 8V5
OR BY E-MAIL AT : plaintes.cisssbsl@ssss.gouv.qc.ca