

COMPLAINT FORM

Before reporting your dissatisfaction in writing, you are invited to speak about it with the person involved or his/her supervisor.

Complaint

Request for information

Comments

Date of incident:	
Department involved:	
Facility involved:	

IDENTIFICATION OF USER

Name		Date of birth	
First name		User's file number	
Address			
City			
Email		Postal Code	
Phone:	Home		
	Cell		
Place where user can be reached at the facility (room number/phone extension)			

IDENTIFICATION OF USER'S REPRESENTATIVE (if applicable)

If, in accordance with the law, the user is represented by a third party in making this complaint, the person representing the user (other than an intervener or a person who is simply assisting the user) must be identified.

Name		First name	
Address			
City		Postal Code	
Phone:	E-mail		
Reason for representation			
Centre d'assistance et d'accompagnement aux plaintes GIM (CAAPGIM) – Name of advisor			

Over

Return your form to:

Commissioner for Complaints and Service Quality
CISSS de la Gaspésie
205, York West Blvd, 3rd floor
Gaspé (Québec) G4X 2V7
Toll free: 1-877-361-2319
plaintes.ciSSsgaspesie@ssss.gouv.qc.ca

COMPLAINT (If you need more space, please add an extra page.)

Statement of facts

The user's expectations, the anticipated outcome of the complaint (if applicable)

Date

Signature of user or his/her representative