

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		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:	Home	Cell	
Reason for representation			
Centre d'assistance et d'accompagnement aux plaintes GIM (CAAPGIM) – Name of advisor			

Over

Return your form to:

Office of the Commissioner for Complaints and Service Quality
 CISSS de la Gaspésie
 205 Boul. York Ouest, 3rd étage
 Gaspé (Québec) G4X 2V7
 Phone: 418-368-2349, ext. 5340 – Toll free: 1-877-666-8766
 plaintes.ciSSsgaspesie@ssss.gouv.qc.ca

