Centre intégré universitaire de santé et de services sociaux du Centre-Sud-de-l'Île-de-Montréal



COMPLAINT FORM

| Bureau du commissai | re local aux plaintes et à la qualité des services |
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| | |
| Contact details | |
| Lastracia | |
| Last name : | |
| First name : | |
| Postal address: | |
| Phone number : | |
| Email, if applicable : | |
| Additional inform | nation |
| | _ |
| Are you the person conce | erned by the situation (user)? : Yes |
| | No L |
| Please indicate the contac | ct details of the person concerned by the situation (user) : |
| Last name : | |
| First name : | |
| Date of birth : | |
| Name of the institution co | oncerned by the situation (ex. : Hôpital de Verdun, CHSLD Louis-Riel, etc.) : |
| Department or institution | n unit concerned by the situation, if applicable (ex.: cardiology, emergency, etc.): |
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| | |
| Description of the | e situation and comments |
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| Do you have any particular expectations following the filing of your complaint? | | |
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| | | |
| Date : | | |
| Signature : | | |

For security reasons, this form must be printed out, completed and returned by e-mail, post or fax. It is also possible to hand in the completed form at our offices.

Bureau du commissaire local aux plaintes et à la qualité des services 155 boulevard Saint-Joseph Est Montreal (QC) H2T 1H4

Tel.: 514 593-3600 Fax: 514 593-2106

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