

COMPLAINT FORM

BEFORE FILLING UP THIS FORM:

We invite you to file a complaint with the Office of the Service Quality and Complaints Commissioner of the CISSS de Laval, if the following 3 conditions are met:

1. The situation reported has been addressed to the manager of the department responsible for the services provided;
2. The follow-up carried out by the manager is unsatisfactory;
3. Your request concerns a care, a health service, a social service or a professional/employee of the CISSS de Laval within the jurisdiction of the commissioner's office.

USER IDENTIFICATION

Last and first name: _____

Date of birth: _____

File number: _____

Phone: _____

Email address: _____

Otherwise, mail address : _____

IDENTIFICATION OF LEGAL REPRESENTATIVE (if applicable)

Last and first name: _____

Email address: _____

Otherwise, mail address: _____

Phone: _____

COMPLAINT DESCRIPTION

If this space is insufficient, please add an appended sheet

Location of event : _____

Date of event:

What are your expectations:

Date: _____

User's signature
(Mandatory, unless you are the legal representative)

Date: _____

Legal representative's signature
(If applicable)

Please send this complaint form by email to the following address: plaintes.csssl@ssss.gouv.qc.ca

Otherwise, **by mail**, at the following address:

Office of the Service Quality and Complaints Commissioner
CISSS de Laval
800 Chomedey Boulevard, Tower A, Office 301
Laval, Quebec, H7V 3Y4

If you wish to contact the Office of the Service Quality and Complaints Commissioner by phone.

Phone: 450-668-1010, extension 23628

Toll-free number: 1-833-978-8395