

## COMPLAINT FORM

### BEFORE FILLING UP THIS FORM:

We invite you to first to discuss the problem with the person in charge of the department involved. She is in the best position to evaluate the situation and find a solution, if possible.

If you are the user or his legal representative and still not satisfied following this first step, we invite you to fill up the following document.

### 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 name  
(Mandatory, unless you are the legal representative)

Date: \_\_\_\_\_

\_\_\_\_\_  
Legal representative name  
(If applicable)

**Please send this complaint form by email to the following address: [plaintes.csssl@ssss.gouv.qc.ca](mailto:plaintes.csssl@ssss.gouv.qc.ca)**

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

Bureau du commissaire aux plaintes  
CISSS de Laval  
800, boul. Chomedey, Tour A, bureau 301  
Laval (Québec) H7V 3Y4

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