

Complaint Form

Who can file a complaint?

Under the *Act respecting the governance of the health and social service system*, a user, a person or their representative can file a complaint with regard to health and social services as well as with regard to services in the field of health and social services they received, ought to have received, are receiving or require.

Did you discuss your situation with the person who provided the service?

By informing the person concerned or their supervisor of your dissatisfaction, they will try to resolve the inconvenience with you or find a solution.

1. Identification of the complainant (if different from user)

Last name:	First name:
Postal address (specify room or apartment number):	
Telephone:	Email:
Has the user been informed that a complaint has been filed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason why you are filing the complaint on the user's behalf:	
Relationship to the user:	
<input type="checkbox"/> I have parental authority over or am the tutor of the user who is a minor	
<input type="checkbox"/> I am the representative of the incapable user of full age:	
<input type="checkbox"/> Mandatary of a homologated mandate in case of incapacity <input type="checkbox"/> Private tutorship <input type="checkbox"/> Public tutorship	
<input type="checkbox"/> I am the representative of the user declared incapable, but who is not under a protective measure	
<input type="checkbox"/> I have a special interest in the incapable user of full age	
<input type="checkbox"/> I am accompanying the user in filing their complaint	

2. Identification of the user

Last name:	First name:
Postal address (specify room or apartment number):	
Telephone:	Email:
Date of birth:	Health insurance number:
Hospital card number:	

3. Location of the incident

Date and time of the incident:
Location of the incident (example: hospital, CHSLD, etc.):
Service or unit where the incident occurred (example: care unit, emergency, outpatient clinic, etc.):
We recommend that you first discuss your dissatisfaction with the person in charge of where the incident occurred. Have you already taken this step? <input type="checkbox"/> Yes <input type="checkbox"/> No
What actions were taken by the person in charge of where the incident occurred?

4. Identification, if applicable, of the employee or professional involved (if known)

Last name and first name:
Job title (if known):
Description of the person (example: height, eye colour, etc.):

5. Reason(s) for the complaint

6. Presentation of the facts (briefly describe the incident and specify the circumstances)

7. Expected outcome of the complaint process

8. Signature of the user or the complainant (the user's signature is required unless you are their representative)

User's signature:	Date:
Representative's signature:	Date:

Send this form to the Commissariat aux plaintes et à la qualité des services:

By email: plaintes.cissslan@ssss.gouv.qc.ca

By fax: 450-756-0598

By mail: Commissariat aux plaintes et à la qualité des services
Centre intégré de santé et de services sociaux de Lanaudière
1000, boulevard Sainte-Anne
Saint-Charles-Borromée (Québec) J6E 6J2

To contact us: 1-800-229-1152, extension 402133

Note that you can be accompanied at all times in your complaint process by the Centre d'assistance et d'accompagnement aux plaintes de Lanaudière at 1-877-767-2227 or by the institution's users' committee.