







## COMPLAINT FORM

User identification	
Last name:	First name:
Address:	
City:	Postal code:
 Home:	Date of birth:
 Cell:	Hospital card no.:
 Work:	E-mail address:

Identification of representative (if applicable)	
Last name:	First name:
Address:	
City:	Postal code:
 Home:	E-mail address:
 Cell:	Relationship to the user:
 Work:	
Has the user been informed of the complaint being filed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Date and time of the incident:
Location of the incident or department involved (e.g., hospital, CLSC, residential centre, floor, etc.):
If the user is hospitalized or in a residential centre, indicate their room number:
We encourage you to first discuss your complaint with the manager of the location where the incident occurred. Did you do this? <input type="checkbox"/> Yes <input type="checkbox"/> No
To date, what actions have been taken by the manager where the incident occurred?

Note that you can receive support in your complaints process from the Centre d'assistance et d'accompagnement aux plaintes de Lanaudière (CAAP – Lanaudière) and the users' committees of the Centre intégré de santé et de services sociaux de Lanaudière.

## Basis for the complaint

## Statement of facts

(Additional pages can be added if needed)

## Expected results by the user or representative

**Signature of the user or representative:**

**Date:**

**E-mail:** [plaintes.cissslan@ssss.gouv.qc.ca](mailto:plaintes.cissslan@ssss.gouv.qc.ca)

**Fax:** 450-756-0598

**Address:** Service Quality and Complaints Commissioner  
Centre intégré de santé et de services sociaux de Lanaudière  
1000, boulevard Sainte-Anne  
Saint-Charles-Borromée (Québec) J6E 6J2

For information, please call 450-759-5333 or toll-free 1-800-229-1152, ext. 402133.

### Who can file a complaint?

The user (or representative) and the heir (or legal representative) of a deceased user.