Centre de santé et de services sociaux
de la région de Thetford

FILING A COMPLAINT FORM

User's name : _____ Medical file no :_____

Date of birth : _____/ ____/ ____ Hospital room no. (if already hospitalized): _____

Address : _____

City : _____Postal Code : _____

Telephone (home) : _____ (office) :_____

Author of the complaint (if the user is not the author) : _____

Address : _____

City : _____ Postal Code : _____

Telephone (home) :_____ (office) : _____

Relationship to user : close relative (state relationship) _____

mandatary ☐ guardian ☐ legal heir ☐ other : _____

Other person, if deemed necessary _____

Address: _____

City: _____ Postal Code : _____

Telephone (home) :_____ (office) : _____

Relationship to user or author :

close relative (state relationship)_____organization :_____

other : _____

Date of incident : ___/ ___/___ Hour :_____

Location of incident and service under complaint : _____

Employee, professional or doctor involved : _____

Witnesses : _____

You can accept help from anyone of your choice. As well, help is available from the following :

- **Local service quality and complaints commissioner 418 338-7767;**
- **Centre for assistance and accompaniment (CAAP) in Chaudière-Appalaches 1 877 767-2227**
- **Comité des usagers 418 338-2427, ext. 228**

Describe the incident (what happened, when and how?)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____(if necessary use an additional sheet of paper)

What do you want to accomplish by filing a complaint? _____

_____

_____

_____

_____

_____ _____

Signature of user or legal representative Date

_____ _____

Signature of author of the complaint Date

<u>Please forward your complaint to</u> :

Madame Lise C.-Lamontagne

Commissaire locale aux plaintes et à la qualité des services

Centre de santé et de services sociaux de la région de Thetford

1717, rue Notre Dame Est

Thetford Mines (Québec) G6G 2V4

Fax: 418 338-7745