

*A complaint can be made by a user or his representative. However, when the complaint concerns a physician, dentist, pharmacist or resident, it may be made by any other person.*

You can make your complaint to the Office of the local service quality and complaints commissioner by :

- ◆ Phone : 514 593-3600
- ◆ Fax : 514 593-2106
- ◆ Email : commissaireauxplaintes.ccsmtl@ssss.gouv.qc.ca
- ◆ Mail : 1311, Sherbrooke East Street, Montreal (Quebec) H2L 1M3

**IDENTIFICATION OF THE PERSON WHO MAKES THE COMPLAINT**

Last name :	First name :	Phone number :

Email : \_\_\_\_\_

Relationship with user: \_\_\_\_\_

**IDENTIFICATION OF THE USER CONCERNED BY THE SITUATION**

Last name :	First name :	Date of birth :

**IDENTIFICATION OF THE INSTITUTION CONCERNED BY THE COMPLAINT**

For users requiring an ATS communication system, Bell Relay service or American Sign Language communication, please complete the following section.

I want the commissioner to contact me as below by:

- Phone (ATS) : \_\_\_\_\_
- Bell Relay service : \_\_\_\_\_
- Email : \_\_\_\_\_

Be assured that your request will be treated confidentially and that a team member of the Office of the local service quality and complaints commissioner will contact you as soon as possible. Page 1

