

IDENTIFICATION

Identify the installation where the incident occurred: _____

Type of request: Dissatisfaction (assistance) Complaint (user or legal representative) Intervention (third party)

Identification of the complainant: Are you?

User (User of services) **OR** Participant in a research project **▶ Complete section A of this form**

Legal representative **OR** Third party **▶ Complete sections A and B of this form**

Specify: _____ Specify: _____

SECTION A

User of services or participant in a research project:

Mr. Mrs. Other Name: _____ Surname: _____

Date of birth (MM / DD / YYYY): _____

Address: _____ Apt.: _____ Room/ext. (if applicable): _____

City: _____ Postal code: _____ Office: _____

Phone: (_____) _____ Cell.: (_____) _____

Can we leave a message?: Yes No E-mail: _____

SECTION B

Legal representative or third party:

Mr. Mrs. Other Name: _____ Surname: _____

Address: _____ Apt.: _____ Room/ext. (if applicable): _____

City: _____ Postal code: _____ Office: _____

Phone: (_____) _____ Cell.: (_____) _____

Can we leave a message?: Yes No E-mail: _____

Request

Note: You can attach all documents that are relevant for the review of your request. If additional space is required, please use a blank sheet and attach to your request.

Specify the date (MM / DD / YYYY) the event occurred: _____ Morning Afternoon Evening Night

Specify the location where incident occurred (service, department, unit, clinic, other, etc.): _____

Specify person(s) or entities that are involved (physician, personnel, user, visitor, etc.): _____

Summarize the allegations (facts, circumstances, events):

Did you attempt to resolve this problem with the staff member or his/her immediate superior before contacting the Commissioner's office?
 Yes No

If yes, specify:

Explain the motives which led to your dissatisfaction:

Specify the results expected:

CONSENT AND SIGNATURE

I certify that I am the person who completed the present form. I certify that the information provided on this form is accurate and I have signed:

Signature

Date

Note: For the purpose of processing your request, please note that the Service Quality and Complaints Commission of the Montreal West Island IUHSSC may confidentially exchange information regarding your request with persons or entities that are directly or indirectly implicated or concerned.