



COMPLAINT FORM

Identification of user or his representative

Name : _____

Address : _____

Phone number : _____ Room number (if it's pertinent) : _____

Identification of the person or the assistance and support organization[†]

Person's Name : _____

Address : _____

Phone number : _____

Information about the complaint

Day when incident happen : _____

The object of unsatisfiedness (Why are you disgruntled of the situation?) :

[†] You can be assist in all the complaint process. You can be assist by :

The person of your choice

The Centre d'assistance et
d'accompagnement aux
plaintes Gaspésie-Îles-de-la-
Madeleine
330, ch. Principal, bureau 307
Cap-aux-Meules, G4T 1C9
986-4444

The Local Complaints and
Quality of services of
CSSS des Îles
424, ch. Principal
Cap-aux-Meules, G4T 1R9
986-2121, ext. 8501

Factual argument (Explain what happen. Give facts.) :

Results (Which objective do you wish to obtain by this process?) :

Date : _____ Signature : _____

For administration

Date received : _____ File number : _____
Mailing date of _____
Acknowledgement of receipt : _____

P.S. Do not hesitate to use additional pages if necessary.