







## 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 and department involved (e.g., hospital, CLSC, residential centre, floor, etc.):
If the user is hospitalized or in a residential centre, indicate their room number:
First, we encourage you to discuss it with the manager in the sector where the incident occurred.
Did you make this approach?
Have you spoken to the manager of the sector involved about your dissatisfaction? <input type="checkbox"/> Yes <input type="checkbox"/> No
Until now, what actions were taken by the manager where the incident occurred?

When filing a complaint, you can contact the Centre d'assistance et d'accompagnement aux plaintes (CAAP), at 1-800-882-5622. The CAAP is a regional community organization, mandated by the ministère de la Santé et des Services sociaux to provide assistance and support during your complaint process. The services offered by the CAAP Lanaudière are free and confidential.

