

# Complaint Form

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**BODY YOUR COMPLAINT IS DIRECTED AGAINST** (Hospital, CLSC, CHSLD, community agency, youth center, etc.) :

A complaint can be filed by a user or his/her representative. Please indicate the status of the person filing the complaint :

user or  representative

**USER**

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If the user is assisted in formulating his/her complaint, information must be provided on the party providing assistance, e.g. CAAP, defense agency, other.

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## TYPE OF COMPLAINT

- Accessibility of services
- Quality of services**
- Complaint of a medical nature (concerns a doctor, dentist or pharmacist)
- Other : \_\_\_\_\_

**WHAT IS THE REASON FOR YOUR COMPLAINT:**

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