

Form to use for filing a complaint with the Québec Ombudsman

The personal information you provide is confidential and is protected and handled in accordance with the law.

A complaint can be filed by an individual, a company, a group or an association. You are filing a complaint: ☐ On your own behalf ☐ For someone else The person's name: Person's date of birth: City where the person lives: Person's link to you: ☐ Relative/Friend ☐ CAAP ☐ Legal representative ☐ Other ☐ Professional ☐ For your company Name of the company: City: _____ Postal code: _____ ☐ For a group or an association Name of the group or association: Address: City: _____ Postal code: _____

Your contact information:
Family name:Given name:
Address:
City: Postal code:
Phone (indicate at least one phone number where you can be reached between 8:30 a.m. and 4:30 p.m.): Home: Workplace: Cell phone: Email address:
Date of birth:
Your complaint: 1. Name of the Government of Québec department or agency and/or the body (hospital CLSC, CHSLD, rehabilitation centre, etc.) your complaint is directed against: 2. Person(s) you contacted and/or who handled your file (name, title, phone number)
3. Summary of your complaint: (Indicate what prompted you to complain and why you are dissatisfied with the decision for response received.)

When your file has been closed, would you be willing to answer a satisfaction survey aimed
continuous improvement of our services?
continuous improvement of our services:
Yes □ No □
Signature: Date:
You can enclose any documents useful for our handling of your complaint. Pleas
include your name on the documents. You can send us the form and the documents:
▶ by mail: 800 place D'Youville, 19e étage, Québec (Québec) G1R 3P4 ; or
→ by fax: 1-866-902-7130.