

COMPLAINT FORM

O/Ref.:

USER IDENTIFICATION	IDENTIFICATION OF THE ORIGINATOR OF THE COMPLAINT (if other than the user)
Name :	Name ;
Medical file #:	Link with user :
Date of birth :	Legal representative / heir : yes □ no □
Adress:	Adress:
Postal code :	Postal code :
Telephone (residence) :	Telephone (residence) :
Telephone (other):	Telephone (other) :
email:	email :
Correspondence Transmission Preference:	
DETAILS OF EVENT	
Event's date and hour:	Location :
N° of room :	Name and job title of the employee concerned:
NATURE OF THE COMPLAINT (add a sheet in appendix if insufficient space)	
THAT ONLY OF THE COMM EARLY (add a shoot in appoint at insulincent opace)	
EXPECTED RESULTS	
EXPECTED RESULTS	
Signature of the user Signature	ure the originator of the complaint Date

Improving the quality of services is our constant concern!

Filing a complaint is a constructive gesture when it comes to ensuring the rights of users and helping to improve the quality of health services and social services.

All users have the right:

- to be informed about available services and how to obtain them;
- to receive continuous, adequate personalized and safe services;
- to choose the professional or the establishment that will provide the services:
- to receive care in case of an emergency;
- to be informed about their health status and available solutions and their impacts before agreeing to a care protocol;
- to be informed, as soon as possible, about any incident or accident that occurred during the provision of services;
- to be treated with courtesy, fairness and understanding, and with respect for their dignity, autonomy, needs and safety in every intervention;
- to accept or refuse care in a free and informed manner, by themselves or through their representative;
- to access their medical record, which is confidential;
- to participate in the decisions that concern them;
- to be accompanied or assisted by a person of their choice when they to obtain information on services;
- to file complaints, without reprisal, to be informed of the complaints procedure and to be accompanied or assisted in all stages of the proceedings;
- to be represented with respect to all their rights in the event of a temporary or permanent incapacity to give consent;
- · to English-language services for English-speaking users, according to the government access program.

Who can file a complaint?

- The user;
- The parent of an under-age user;
- An inapt user's representative;
- The heirs or legal representatives of a deceased user.

How to file a complaint?

A complaint can be filled verbally or in writing (mail, email, fax) and submitted to the office of the Commissioner. You can use

All users, visitors or relatives have the responsibility to:

- to remain respectful of interveners and other users;
- to collaborate to care and services that concern them according to their abilities:
- to provide all the information required to properly provide treatment;
- to be respectful of the rules and policies of the establishment.

If you feel your rights were violated

You can first discuss the situation with the person responsible for the sector concerned, his/her replacement or the physician. The majority of problems are resolved at this level. If you remain dissatisfied and wish to file a complaint, please contact us.

To contact us:

CLSC Naskapi / CISSS Côte-Nord

www.clscnaskapi.org www.cisss-cotenord.gouv.qc.ca

Service Quality and Complaints Commissioner 405, avenue Brochu

Sept-Îles (Québec) G4R 2W9 2 : 418 962-2572 ext. 414122

2: 1-833-677-6243

☑: plaintes.09cisss@ssss.gouv.qc.ca

Centre d'assistance et d'accompagnement aux plaintes (CAAP)

www.caap-cn.org

The CAAP is a community-based organization mandated by the Ministère de la Santé et des Services Sociaux to assist and support users who wish to file a complaint. It helps users to formulate and write their complaints. CAAP's services are free and confidential.

1-877-767-2227

À Baie-Comeau : 1800, Boul. Laflèche **2**: 418 295-2779 À Sept-Îles : 690, Boul. Laure **2**: 418 968-2779