

*A complaint can be made by a user or his representative. However, when the complaint concerns a physician, dentist, pharmacist or resident, it may be made by any other person.*

You can make your complaint to the Office of the local service quality and complaints commissioner by:

- ◆ Phone: 514 593-3600
- ◆ Fax: 514 593-2106
- ◆ Email: [commissaireauxplaintes.ccsmtl@ssss.gouv.qc.ca](mailto:commissaireauxplaintes.ccsmtl@ssss.gouv.qc.ca)
- ◆ Mail: 4675 Belanger Street Montreal QC H1T 1C2

**IDENTIFICATION OF THE PERSON WHO MAKES THE COMPLAINT**

Last name:	First name:	Phone number:

Relationship with user: \_\_\_\_\_

**IDENTIFICATION OF THE USER CONCERNED BY THE SITUATION**

Last name:	First name:	Date of birth:

**IDENTIFICATION OF THE INSTITUTION CONCERNED BY THE COMPLAINT**

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For users requiring an ATS communication system, Bell Relay service or American Sign Language communication, please complete the following section.

I want the commissioner to contact me as below by:

Phone (ATS): \_\_\_\_\_

Bell Relay service: \_\_\_\_\_

Email: \_\_\_\_\_

Be assured that your request will be treated confidentially and that a team member of the Office of the local service quality and complaints commissioner will contact you as soon as possible.

