

Bureau du commissaire local aux plaintes et à la qualité des services

Contact details

Last name :	
First name :	
Postal address:	
Email, if applicable :	

Additional information

Are you the user who received the care and services? : Yes
No

Are you close to a user who has received care and services? : Yes
No

Name of the institution concerned by the (ex. : Hôpital de Verdun, CHSLD Louis-Riel, etc.) :

Department or institution unit concerned by the situation, if applicable (ex. : cardiologie, urgence, etc.) :

If applicable, indicate the name(s) of the person(s) whose work you would like to highlight in particular :

Description of the situation and comments

For security reasons, this form must be printed out, completed and returned by e-mail, post or fax. It is also possible to hand in the completed form at our offices.

Bureau du commissaire local aux plaintes et à la qualité des services

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