

SERVICE QUALITY
AND COMPLAINTS
COMMISSIONER

COMPLAINT FORM



TO IMPROVE THE
QUALITY OF CARE
AND SERVICES

A constant concern for the
Centre intégré universitaire de santé
et de services sociaux de la
Mauricie-et-du-Centre-du-Québec

Québec 

WHAT TO DO IN CASE OF A DISSATISFACTION?

First and foremost, it is preferable to speak with the person in charge of the concerned sector. The staff in place will do their best to answer you.

If you remain dissatisfied and wish to file a complaint, you can do so:

- **Verbally**, by contacting the Commissioner;
- **In writing**, by completing the complaint form on the back;
- **Online**, see the electronic form available on the website.

POSSIBLE ACCOMPANIMENT

You can be assisted in your efforts to file your complaint:

Centre d'assistance et d'accompagnement aux plaintes (CAAP) Mauricie et Centre-du-Québec

7175, rue Marion, bureau 100
Trois-Rivières (Québec) G9A 5Z9
Phone: 819 840-0451
Toll free: 1 877 767-2227
info@caap-mcq.qc.ca

Note that it is always possible to be accompanied by **CIUSSS MCQ user's committees**:

CUCI.usagers.ciusssmcq@ssss.gouv.qc.ca
819 378-4083 ext.1463

SERVICE QUALITY AND COMPLAINTS COMMISSIONER'S ROLE

The commissioner ensures respect for users's rights and the diligent handling of their complaints.

If necessary, he recommends measures to improve the quality of care and services.

The commissioner will investigate your complaint in collaboration with the branch concerned.

If your complaint concerns a doctor, a dentist, a pharmacist ou a medical resident, the Commissioner will send it to the examining doctor.

Your complaint will be handled with diligence, seriousness and confidentiality.

WHO CAN COMPLAIN?

- Any user who has received, receives or requires the care and services of the institution;
- The user's representative;
- The heirs or legal representatives of a deceased user.

HOW TO CONTACT THE COMMISSIONER?

- **Phone :**
1 888 693-3606 (free)
819 233-2111, #18302
- **Email :**
commissaires.plaintes04@ssss.gouv.qc.ca
- **Online form :**
www.ciusssmcq.ca/plaintes
- **Address :**
1582, boul. de Port-Royal, casier 60
Bécancour, Qc G9H 1X6
2nd floor, sector 240

The CIUSSS MCQ
ethic code is available
in our facilities and on
our website:

www.ciusssmcq.ca

*Centre intégré
universitaire de santé
et de services sociaux
de la Mauricie-et-
du-Centre-du-Québec*

Québec 

COMPLAINT FORM

USER IDENTIFICATION	IDENTIFICATION OF THE AUTHOR OF THE COMPLAINT (If other than the user)
Name:	Name:
Date of birth:	Link with the user:
Address:	Address:
Postal code:	Postal code:
Phone (home):	Phone (home):
Phone (work):	Phone (work):
Email:	Email:
Room number if hospitalized or hosted:	Is the user aware of the complaint? Yes <input type="checkbox"/> No <input type="checkbox"/>

EVENT DETAILS	
Event date:	Hour :
Place:	Secteur :
Name and function of the worker or doctor concerned :	
Did you talk about your dissatisfaction with the manager of the concerned sector? : Oui <input type="checkbox"/> Non <input type="checkbox"/> <i>The employee can refer you to the manager</i>	

DESCRIPTION OF THE FACTS (Describe the facts that motivated your complaint):

EXPECTED RESULTS (Please indicate what you expect as a result of handling your complaint)

User signature

Author's signature
(If different than the user)

Date