

STATE YOUR EXPECTATIONS IN THE TREATMENT OF THIS COMPLAINT: (*REQUIRED*)

DIVULGATION AUTHORIZATION: YES

Please be advised that the Service Quality and Complaints Commissioner will forward your complaint form to the Office of the Medical Examiner upon reception.

I hereby authorize the Medical Examiner to divulge this complaint to the concerned doctor, only for its examination. Strict confidentiality will be upheld during the entire length of the examination process. **This complaint form must be signed to be receivable.**

Signature of the User

Date

Signature of the Representative

Date

Send this completed form by email at commissairesauxplaintes@ssss.gouv.qc.ca ;
by mail to the Service Quality and Complaints Commissioner at 105, Sacré-Coeur boulevard,
Gatineau (Québec) J8X 1C5 or by fax at 819-771-7611. You can also use our online complaint
form, found here: <https://cisss-ouataouais.gouv.qc.ca/language/en/users-voice/filing-a-complaint/online-complaint-form/>