



## Form to use for filing a complaint with the Québec Ombudsman

The personal information you provide is confidential and is protected and handled in accordance with the law.

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A complaint can be filed by an individual, a company, a group or an association.

### You are filing a complaint:

**On your own behalf**

**For someone else**

The person's name: \_\_\_\_\_

Person's date of birth: \_\_\_\_\_

City where the person lives: \_\_\_\_\_

Person's link to you:

Relative/Friend                       CAAP

Legal representative               Other

Professional

**For your company**

Name of the company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal code: \_\_\_\_\_

**For a group or an association**

Name of the group or association: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal code: \_\_\_\_\_

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**Your contact information:**

Family name: \_\_\_\_\_ Given name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal code: \_\_\_\_\_

Phone (*indicate **at least one phone number** where you can be reached between 8:30 a.m. and 4:30 p.m.):*

‣ Home: \_\_\_\_\_

‣ Workplace: \_\_\_\_\_

‣ Cell phone: \_\_\_\_\_

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

Date of birth: \_\_\_\_\_

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**Your complaint:**

1. Name of the Government of Québec department or agency and/or the body (hospital, CLSC, CHSLD, rehabilitation centre, etc.) your complaint is directed against:

\_\_\_\_\_  
\_\_\_\_\_

2. Person(s) you contacted and/or who handled your file (*name, title, phone number*)

\_\_\_\_\_  
\_\_\_\_\_

3. Summary of your complaint:

*(Indicate what prompted you to complain and why you are dissatisfied with the decision or response received.)*

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