



## Declaration form (Confidential)

Before submitting a complaint, we suggest that you discuss the problem with professional concerned this superior.

1. USER IDENTIFICATION					
FIRST NAME :		LAST NAME :			
ADDRESS (number, street and municipality) :					
CITY :		PROVINCE :		POSTAL CODE :	
PHONE :		EXTENSION :		CELL PHONE :	
E-MAIL :					
DATE OF BIRTH (year-month, day) :		USER'S FILE NUMBER (if know) :			

2. IDENTIFICATION OF THE REPRESENTATIVE OF THE USER (if any)					
IF, IN ACCORDANCE WITH THE LAW, THE USER IS REPRESENTED OR ASSISTED IN THE FORMULATION OF THIS DECLARATION, THE IDENTIFICATION OF HIS REPRESENTATIVE OF THE PERSON ASSISTING HIM IS REQUIRED.					
FIRST NAME :		LAST NAME :			
ADDRESS (number, street and municipality) :					
CITY :		PROVINCE :		POSTAL CODE :	
PHONE :		EXTENSION :		CELL PHONE :	
E-MAIL :					
CHECK THE APPROPRIATE BOX :					
I AM THE LEGAL REPRESENTATIVE OF AN INAPT USER :					
CURATOR		TUTOR		PROTECTION MANDATE	
OTHER :					
I ASSIST THE USER TO FILE THEIR DECLARATION					
OTHER (please specify)					

3. IDENTIFICATION OF THE EMPLOYEE OR THE PROFESSIONAL CONCERNED	
NAME :	
JOB TITLE :	

#### 4. DESCRIPTION OF EVENT OR STAGEMENT OF FACTS

EVENT DATE :

TIME OF EVENT:

PLACE:

DESCRIBE, IN A FEW LINES, THE EVENT OF EXPOSE THE FACTS :

#### 5. YOUR EXPECTATIONS OF EXPECTED RESULTS

PRESENT, IN A FEW LINES YOU EXPECTATIONS OF EXPECTED RESULTS :

**Autorisation to make disclosure** : I authorize the local service quality and complaints commissioner to provide a copy of the complaint to the relevant Branches and for the sole purpose of its processing.

YES

NO

#### 6. SIGNATURE OF THE USER OF THEIR REPRESENTATIVE

\_\_\_\_\_  
SIGNATURE OF THE USER OR THEIR REPRESENTATIVE

\_\_\_\_\_  
DATE (year-month-day)

#### Return signed form to :

Service quality and complaints commissioner  
Institut universitaire de cardiologie et de pneumologie  
de Québec – Université Laval  
2725, chemin Sainte-Foy, bureau Y7191  
Québec (Québec) G1V 4G5  
Par courriel : [iucpq.gestion.plaintes@ssss.gouv.qc.ca](mailto:iucpq.gestion.plaintes@ssss.gouv.qc.ca)  
Site internet : <http://iucpq.qc.ca/fr/institut/qualite-et-performance/gestion-des-plaintes>  
Téléphone : 418 656-4945  
Toll free phone : 1 866 656-8711 poste : 4945