



Declaration form (Confidential)

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

1. USER IDENTIFICATION

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

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 OR THE PERSON ASSISTING HIM IS REQUIRED.

FIRST NAME :		LAST NAME :	
ADDRESS (number, street and municipality) :			
PROVINCE :		COUNTRY :	POSTAL CODE :
PHONE :		EXTENSION :	CELL PHONE :
E-MAIL :			
CHECK THE APPROPRIATE BOX :			
<input type="checkbox"/> I AM THE LEGAL REPRESENTATIVE OF AN INAPT USER :			
<input type="checkbox"/> CURATOR <input type="checkbox"/> TUTOR <input type="checkbox"/> PROTECTION MANDATE			
<input type="checkbox"/> OTHER : _____			
<input type="checkbox"/> I ASSIST THE USER TO FILE THEIR DECLARATION			
<input type="checkbox"/> OTHER (please specify) _____			

3. IDENTIFICATION OF THE EMPLOYEE OR NOM DE L'EMPLOYÉ OU DU PROFESSIONAL CONCERNED

NAME :
JOB TITLE :

4. DESCRIPTION OF EVENT OR STATEMENT OF FACTS

EVENT DATE :	TIME OF EVENT :	PLACE :
DESCRIBE, IN A FEW LINES, THE EVENT OR EXPOSE THE FACTS :		

5. YOUR EXPECTATIONS OF EXPECTED RESULTS

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

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

YES NO

6. SIGNATURE OF THE USER OR 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
By email : iucpq.gestion.plaintes@ssss.gouv.qc.ca
Phone : 418 656-4945
Toll free phone : 1 866 656-8711 extension : 4945

Section reserved to service quality and complaints commissioner

<input type="checkbox"/> COMPLAINT <input type="checkbox"/> MEDICAL COMPLAINT <input type="checkbox"/> INTERVENTION <input type="checkbox"/> ASSISTANCE <input type="checkbox"/> CONSULTATION	
RECEIVED BY :	FILE NUMBER :
DEPOSIT MODE : <input type="checkbox"/> WRITTEN <input type="checkbox"/> VERBAL	RECEIVED (year-month-day) :