



COMPLAINT FORM

For administrative use only

Complaint file no.:

Sector concerned:

IDENTIFICATION OF USER	
First and last name:	
Complete address:	
Telephone number:	

IDENTIFICATION OF USER'S LEGAL REPRESENTATIVE (if any)	
First and last name:	
Complete address:	
Telephone number:	
Type of representation:	
Relationship with user:	

If, in keeping with the law, the user is represented in formulating this complaint, their representative (other than a person who helps them or a worker) must be identified.

IDENTIFICATION OF THE PERSON OR COMMUNITY ORGANIZATION PROVIDING ASSISTANCE TO THE USER (if any)	
First and last name:	
Complete address:	
Telephone number:	
Type of representation:	

If the user received help in formulating their complaint, the person who helped them (other than their representative or a worker) must be identified.

STATEMENT OF THE FACTS (DATE OF THE INCIDENT: 20____ / ____ / ____)

EXPECTATIONS OF THE COMPLAINANT

Signature of the person who wrote the complaint:

Date: 20____ / ____ / ____

Location: _____