



Complaint concerning service, facilities or inappropriate behavior

PLAINTIFF IDENTIFICATION	
NAME	
FIRST NAME	
MEMBER NUMBER	
ADDRESS	
CITY	
PHONE	
EMAIL	

DATE AND LOCATION OF THE EVENT	
DATE AND HOUR	
LOCATION	<input type="checkbox"/> 476 Frontiere, Hemmingford (Qc) <input type="checkbox"/> Other : _____
NATURE OF THE COMPLAINT	
<input type="checkbox"/> INSTALLATIONS <input type="checkbox"/> SERVICE <input type="checkbox"/> INAPPROPRIATE BEHAVIOR <input type="checkbox"/> OTHER (specify) : _____	
CONCERNED PERSON (if indicated)	
<input type="checkbox"/> COOP SANTÉ HEMMINGFORD ET RÉGION <input type="checkbox"/> EMPLOYEES : _____ <input type="checkbox"/> MEMBER OF THE BORD OF DIRECTORS : _____ <input type="checkbox"/> VOLUNTEER : _____ <input type="checkbox"/> HEALTH PROFESSIONAL : _____ <input type="checkbox"/> OTHER : _____	

INITIAL : _____



Complaint concerning service, facilities or inappropriate behavior

DESCRIPTION OF THE EVENT		
WITNESS (if indicated)		
NAME	FIRST NAME	SIGNATURE

PLAINTIFF SIGNATURE	
<p>By signing this form, I wish to make a formal complaint that will be studied and dealt with professionally. I therefore make myself available to answer questions from the committee in charge of its follow-up. I also acknowledge that I have completed this form in good faith, to the best of my knowledge.</p>	<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">X</div> <hr style="border: 1px solid black; width: 80%; margin: 0 auto;"/>



Complaint concerning service, facilities or inappropriate behavior

SECTION RESERVED TO ADMINISTRATION

PHYSICAL OR LEGAL PERSON CONCERNED BY THE COMPLAINT		
VERSION OF EVENT (BEFORE READING THE INITIAL COMPLAINT)		
WITNESS (if indicated)		
NAME	FIRST NAME	SIGNATURE



Complaint concerning service, facilities or inappropriate behavior

ACTIONS TAKEN IMMEDIATELY		
PERSONS ADVISED		
NAME	FIRST NAME	DATE AND HOUR
SIGNATURE OF THE CONCERNED PERSON		
RESPONDING DIRECTOR		
DELIVERY DATE TO THE BOARD OF DIRECTORS		
DATE OF STUDY BY THE BOARD OF DIRECTORS		
DATE OF COMMUNICATION WITH ALL CONCERNED PARTIES		
CLOSING DATE OF THE FILE WITH THE AGREEMENT OF ALL THE CONCERNED PARTIES		