## **COMPLAINT FORM**

Office of the regional service quality and complaints commissioner



## **USER IDENTIFICATION**

Nama:	First name:	Data of hirth.
		Date of birth:
Phone :	Email addre	255 :
IDENTIFICATION OF THE USI	ER'S REPRESENTATIVE (if applicabl	<u>e)</u>
Name:	First name:	Relationship with the user:
Address:		
		255:
COMPLAINT		
Date of the event:	Targeted facility/ com	imunity organization:
	LEADING TO THE COMPLAINT	
YOUR EXPECTATIONS ABOU	T THIS COMPLAINT	
YOUR EXPECTATIONS ABOU	T THIS COMPLAINT	
YOUR EXPECTATIONS ABOU	T THIS COMPLAINT	
<u>YOUR EXPECTATIONS ABOU</u> email: <u>complaints.nrbhss@</u> Toll-free: 1 (833) 428-4242		

Confidential treatment of complaints:

In handling complaints, the Nunavik Regional Board of Health and Social Services is committed to respecting the confidentiality and protecting the personal information it holds throughout its life cycle, from collection to destruction. All complaints are treated confidentially.