Hôpitaux Shriners
pour enfants®
Shriners Hospitals
for Children®

Canada

Canada
Soins pédiatriques spécialisés
Pediatric Specialty Care

COMPLAINT FORM

Reserved for Administration:

Complaint No.________________________

Patient Dossier No.____________________

PATIENT IDENTIFICATION

Name and surname: ___________________________Telephone: _________________________________

Address: ____

Patient Room number and Care Unit:____

(Room number/local)

IDENTIFICATION OF PATIENT REPRESENTATIVE (IF APPLICABLE)

If, in conformity with the law, the patient is represented for the formulation of this complaint, identification of his or her representative is required (other than a person who assists him/her or an intervenor):

Name and surname: ___________________________Telephone: _________________________________

Address: ____

Basis of representation: ____

Relationship to patient (if applicable):____

IDENTIFICATION OF THE PERSON ASSISTING THE PATIENT (IF APPLICABLE)

If, in conformity with the law, the patient is represented for the formulation of this complaint, identification of his or her representative is required, (other than a person who assists him/her or an intervenor)

Name and surname: ___________________________Telephone: _________________________________

Address: ____

Relationship to patient (if applicable):____

COMPLAINT: (Use additional sheets, if necessary)

The substance of the complaint:____

____

____

Description of facts:____

____

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____

Results expected of the complaint: ____

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Date: ________________ Time: ____________ ____
(Signature of patient or their representative)

Kindly forward this duly completed and signed document to:

Mr. J. B. Djigounian
Local Commissioner for the examination of complaints
Shriners Hospital for Children - Canada
1003 Decarie Boulevard
Montreal (Quebec) H4A 0A9

For Administration only:

This concerns:

- ❑ A written complaint, dated and signed by the patient or his/her representative
- ❑ A verbal complaint registered by the Local Commissioner for the examination of complaints
- ❑ A verbal complaint registered by____
(name and surname of intervenor)

which was transmitted to the person responsible for the examination of complaints on

_________________________at _________
(date) (time)

Complaint received on ____________________at ___H___ by _______________________________
(date) (time) (Local Commissioner for the examination of complaints)

Rev. 2015-11-03