

SATISFACTION, COMMENTS AND SUGGESTION FORM

Identification of the Unit or Department concerned

Date _____ Unit Or Department _____

Shift Day (7:30 a.m. to 3:30 p.m.) Evening (3:30 p.m. to 11:30 p.m.) Night (11:30 p.m. to 7:30 a.m.)

Location _____

Identification of the user or his/her representative

Are you the user the user's representative

First name and name _____

Address _____ City _____ Postal Code _____

Telephone no. _____

Relationship to the user (if applicable) _____

Comments (if the space is insufficient, please continue on the reverse side of this sheet)

Comments (cont.)

Signature

Date

Please, send the satisfaction form signed to the Service Quality and Complaints Commissioner

Fax: 450 462-7979

E-mail: commissaire.cisssmc16@ssss.gouv.qc.ca

Mailing address: Service Quality and Complaints Commissioner
CISSS de la Montérégie-Centre
3120 Taschereau boulevard
Greenfield Park (Québec) J4V 2H1

Telephone numbers to talk to the Service Quality and Complaints Commissioner

450 466-5434 or toll-free number 1 866 967-4825, extension 8884