****

ABUSE

REPORT

**The information communicated is CONFIDENTIAL. If you wish to remain anonymous, please do not complete section 4 of this form.**

 **Step 1 of 4 - Identification of the person presumed to be abused**

|  |
| --- |
| First and family name  |
| Address  Phone   |

 **Step 2 of 4 - Identification of the person presumed to be the abuser**

|  |
| --- |
| First and family name   |
| Relationship with the user  Phone       |

 **Step 3 of 4 - Description of the situation (date, location, incident, etc.)**

|  |
| --- |
| Click here to enter text. |

 **Step 4 of 4 - Identification of the person making the report**

|  |
| --- |
| First and family name   |
| Relationship with the user  |
| Phone   | Email   |

**N.B. If you are a health and social service provider or a professional by virtue of the Professional Code, please complete the following section:**

|  |
| --- |
| First and family name of your immediate superior   |
| Phone   |  |
| Has your immediate superior been informed of this report? [ ] Yes [ ] No |
| Action(s) introduced to remedy the situation: |
| Click here to enter text. |

Forward your form to the following address:

**commissaire.cisssmc16@ssss.gouv.qc.ca**

The personal information provided may be used for the purposes of analyzing the situation brought to our attention. If so, it will only be provided to those concerned.