INSTITUT DE CARDIOLOGIE DE MONTRÉAL

AFFILIÉ À Université de Montréal

COMPLAINT FORM

Date of the event: _____

Chart number: _____

1- GENERAL INFORMATION

Identification of patient

Name: _____

Complete address: _____

_____

Phone #1: _____

Phone #2: _____

Representative

Name: _____

Relationship with patient: _____

Phone #1: _____

Phone #2: _____

2- COMPLAINT

Briefly describe the facts, actions and/or comments resulting in the dissatisfaction or complaint

_____

_____

_____

_____

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_____

_____

_____

3- EXPECTED OUTCOME

Signature: _____ **Date:** _____

Please send this form to the attention of:

Ms. Gabrielle Alain-Noël
Ombudsman's Office
Local Service Quality and Complaints Commissioner
Montreal Heart Institute
5000, Bélanger Street, Montreal, (Quebec) H1T 1C8
Phone: (514) 376-3330, ext. 3398
Fax: (514) 376-8597
Email: gabrielle.alain-noel@icm-mhi.org

Reserved for administration

Complaint ◯ Medical complaint ◯ Consultation ◯ Assistance ◯