



## COMPLAINT FORM

Date of the event:	
Chart number:	
1- GENERAL INFORMATION	
dentification of patient	
lame:	
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	

3- EXPECT	TED OUTCOME
Signature:	Date:
	Please send this form to the attention of:
	Ms. Hélène St-Amour
	Ombudsman's Office
	Assistant Service Quality and Complaints Commissioner
	Montreal Heart Institute
	4945, Beaubien Est Street, Office 2050, Montreal, (Quebec) H1T 1V1
	****** BY APPOINTMENT ONLY ******
	Phone: (514) 376-3330, ext. 3398
	Fax: (514) 376-8597
	Email: <u>helene.st-amour@icm-mhi.org</u>
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Complaint (	Medical complaint Consultation Assistance
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