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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)**

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**Comments (cont.)**

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**Signature Date**

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**Service Quality and Complaints Commissioner**

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

**Fax : 450 462-7979**

**Mailing address : Service Quality and Complaints Commissioner**

**CISSS de la Montérégie-Centre**

**3120 Taschereau boulevard**

**Greenfield Park (Québec) J4V 2H1**

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

Your personal information could be used to respond to your comment/suggestion. If so, it will only be provided to those concerned.