

## WHAT CAN I DO IF I'M NOT SATISFIED?



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If your rights have not been respected or you are dissatisfied with the services you have received at CSCE, you can file a complaint.

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### Our Centres

#### ALEXANDRIA

5, Main Sud  
613 525-5544

#### BOURGET

2081, Laval  
613 487-1802

#### CORNWALL

841, Sydney  
613 937-2683

#### CRYSLER

1, Nation  
613 987-2683

#### EMBRUN

649 Notre-Dame  
613 443-3888

#### LIMOGES

601, Limoges  
613 557-2210

[www.cscestrie.on.ca](http://www.cscestrie.on.ca)  
[info@cscestrie.on.ca](mailto:info@cscestrie.on.ca)

#### Assistance available:

You can receive assistance in filing your complaint.

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### We encourage you to take the following steps:

1. It's best to discuss the situation with the employee concerned. He will do its best to respond appropriately.
2. If you remain dissatisfied, you can ask a CSCE employee for the contact details of the employee's manager.
3. If you remain dissatisfied and wish to file a complaint, you may do so.

### How to lodge a complaint:

- Verbally, by contacting General Management at 613-937-2683.
- In writing, by completing the complaint form on the reverse.
- Online, by completing the electronic form available on the website at [www.cscestrie.on.ca/en/client-rights-and-responsibilities/](http://www.cscestrie.on.ca/en/client-rights-and-responsibilities/)

### Who can file a complaint?

- Any client of the Centre de santé communautaire de l'Estrie.
- A client's representative.

## Client's information

Frist name:

Family name:

Phone number:

Email:

## Information from the author of the complaint (if other than the client)

Frist name:

Family name:

Phone number:

Email:

Is the user aware of the complaint?    Yes    No

## Event Details

Date of the event:

Time of the event:

Location of the event:

Name of the employee involved (if applicable):

Have you spoken to the employee involved about your dissatisfaction?    Yes    No

Describe the facts that prompted you to file a complain.

Please indicate what you expect as a result following the handling of your complaint.

Client's signature:

Date :

Signature of the author of the complaint (if other than the client):

### Section Reserved for Administration

Date received of the complaint: \_\_\_\_\_

Management's signature: \_\_\_\_\_