

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 Executive Director 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/

Who can file a complaint?

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

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
info@cscestrie.on.ca

Assistance available:
You can receive assistance in filing your complaint.

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WHAT CAN I DO IF I'M NOT SATISFIED?



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

Client’s information

First name:

Family name:

Phone number:

Email:

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

First 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 complaint.

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: _____