

Commissariat aux plaintes  
et à la qualité des services

Réservé à l'administration

Numéro de dossier :

## USER IDENTIFICATION

\*Last name :  \*First name :

\*Address :

\*Postal code :

\*Home phone number :  Work phone number :

Cell phone number :

\*Birth date :  Language :

## IDENTIFICATION OF THE PERSON WHICH ACCOMPANIES THE USER (if applicable)

(According to article 12 of the Act, the user who is a minor or a user of full age under legal incapacity who is represented in this complaint examination procedure, the identification of the representative is required.)

Last name :  First name :

Address :

Postal code :

Home phone number :  Work phone number :

Cell phone number :

Reason of representation :

Relationship to the user (if applicable) :

## IDENTIFICATION OF THE PERSON OR ORGANIZATION WHO ASSIST THE USER (if applicable)

(If the user is assisted in the complaint examination procedure, the identification of the person or organization who assist is required.)

Last name :  First name :

Organization :

Address :

Postal code :

Relationship to the user (if applicable) :



