

USER CLAIM FORM
FOR LOSS, DAMAGES OR OTHER PERSONAL PROPERTY

1. IDENTIFICATION OF THE USER

Surname _____	First Name _____	File # _____
Birthdate _____		
Address _____		Apt. # _____
City _____	Province _____	Postal Code _____
Phone - Home _____	Work _____	Ext. # _____
Cell. Phone _____		E-mail address _____
Location where the user can be reached within the facility		
Room # _____	Unit, service or department _____	

2. CLAIMANT

User/Resident Representative Other – Specify: _____

3. STATUS OF THE REPRESENTATIVE

First Responder Spouse Proxy Significant other – Specify: _____

Legal Heir Guardian or Trustee Other – Specify: _____

Legal Guardian :

4. CONTACT INFORMATION OF THE CLAIMANT (IF DIFFERENT THAN USER/RESIDENT INFORMATION)

Surname _____	First Name _____
Address _____	
City _____	Province _____
Phone - Home _____	Work _____
Cell. Phone _____	E-mail address _____

5. DESCRIPTION OF THE EVENT

5.1 Identification of the facility which is the object of a claim

Name of facility _____
Location _____
Date of event (Year/Month/Day) _____
Time _____
Subject of the claim: <input type="checkbox"/> Loss <input type="checkbox"/> Damage <input type="checkbox"/> Theft <input type="checkbox"/> Other – Specify: _____
Name of witness, if applicable: _____

5.2 Description of the subject of the claim (loss/damage)

<input type="checkbox"/> Dentures : <input type="checkbox"/> Upper <input type="checkbox"/> Lower
<input type="checkbox"/> Hearing aid : <input type="checkbox"/> Left <input type="checkbox"/> Right
<input type="checkbox"/> Contact lenses <input type="checkbox"/> Eye glasses <input type="checkbox"/> Clothing - Specify: _____
<input type="checkbox"/> Other -- Specify: _____
Nb of years of use/wear : <input type="checkbox"/> 0-1 years <input type="checkbox"/> 2-3 years <input type="checkbox"/> 4-10 years <input type="checkbox"/> + 10 years

5.3 Summary of incident & description of damages (use back of sheet if extra space is needed)

Did you inform a staff member about the loss or damage? <input type="checkbox"/> oui <input type="checkbox"/> non
What is his/her name? _____

This form must be filled out and sent to the mailbox comptabilité-générale.cissslau@ssss.gouv.qc.ca as well as forms AH-223, the list of personal property, the form of claiming a user for breakage, losses property or other (appendix 3) and any other relevant documents such as purchase and replacement invoices. Thank you!

