

PERSONNAL INFORMATION					
First name		Name			
Phone (home)		Phone (Other)			
USER IDENTIFICATION					
First name		Name			
Your address	Street number	Street name	Appartment number	City/Country	Postal code
IDENTIFICATION OF THE EVENT					
Date (MM/DD/YYYY)		Location/address of service provided			
COMMENTS					
<p><b>N.B.</b> Congratulations and thanks will be sent directly to the relevant employees by personalized e-mail on the first day of the following month.</p>					
<p><b>Send this form by mail:</b></p>		<p>Office of the Service Quality and Complaints Commissioner            Urgences-santé            6700 Jarry Street East            Montréal Quebec H1P 0A4</p>			
<p><b>By email:</b> <a href="mailto:Commissaire@urgences-sante.qc.ca">Commissaire@urgences-sante.qc.ca</a></p>					