

IMPORTANT: To prevent identity theft and protect your personal information, **your request must be submitted along with a copy of a valid piece of signed photo ID** (health insurance card, driver's license, passport, etc.) **by mail.** Failure to provide mandatory information may result in your request being delayed or turned down.

Section A: IDENTIFICATION

Fields with an asterisk (*) are mandatory.

* Last name		* First name	
* Date of birth YYYY/MM/DD	* Gender F M	* Home address (street, apartment)	
* City		* Province	* Postal code
* Phone number (daytime) () -	Phone number (other) () -	Email address	
* Mother's maiden name		* Mother's first name	
Father's last name		Father's first name	
* Identification: Health Insurance Card	* Number of Health Insurance Card		* Expiration Date YYYY/MM

Section B: IDENTIFICATION OF PARENT, TUTOR, CURATOR, OR MANDATARY

Complete the section if you are filing a request on behalf of the person named in Section A. Attach a document authorizing communication (consent, power of attorney, or court decision) if necessary.

Last name		First name	
Address (street, apartment)			
City		Province	Postal code
Phone number (daytime) () -	Relationship to the person	Email address	

Section C: DETAILS OF THE COMPLAINT

Please explain your complaint in detail and provide, if necessary, dates, places, provider's names, and circumstances.

State the objectives of your complaint :

Section D: SIGNATURE (MANDATORY)

Signature	* Date YYYY/MM/DD
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Please mail the completed form along with a copy of a valid piece of signed photo ID to the following address:

Responsable de la coordination des plaintes
Ministère de la Santé et des Services sociaux
930, chemin Sainte-Foy, 6e étage
Québec (Québec), G1S 2L4

To get help completing this form, please contact the Régie de l'assurance maladie du Québec at 418 646-4636 (Québec area) or 514 864-3411 (Montréal area) or 1 800 561-9749 (elsewhere in Québec).