Santé et Services sociaux Québec

COMPLAINT
Québec Health Record (QHR)

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

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
405, avenue Ogilvy, 4e étage
Montréal (Québec), H3N 1M3

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

20-715-06WA