



CENTRE D'AIDE ET DE LUTTE CONTRE  
LES AGRESSIONS À CARACTÈRE SEXUEL  
DE LA VALLÉE-DE-LA-GATINEAU

## COMPLAINT FORM STEP 1

### Identification of the user (\*REQUIRED)

\*Full name: \_\_\_\_\_ \*Telephone: (      ) \_\_\_\_ - \_\_\_\_\_  
\*Birthday date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
\*Adress: \_\_\_\_\_ \*Code postal \_\_\_\_\_  
Current location (if applicable): \_\_\_\_\_

### Complainant information *(If different from user)*

Representative  
*(\*with user's authorization)*

Other (your link) \_\_\_\_\_  
*(\*with user's authorization)*

Full name: \_\_\_\_\_ Telephone: (      ) \_\_\_\_ - \_\_\_\_\_  
Adress: \_\_\_\_\_ Code postal \_\_\_\_\_  
Reason of representation (Why are you representing): \_\_\_\_\_  
Kinship *(If applicable)*: \_\_\_\_\_

### Complaint *(If more space is needed, attach extra sheets)*

Right to participate       Right to consideration       Right to protection  
 Right to privacy       Right to information  
 Right to compensation and restitution of property       Right to support and guidance

Employee name : \_\_\_\_\_ Job title : \_\_\_\_\_  
Where did the incident occur? (ex. Hospital, CLSC) : \_\_\_\_\_  
Department? : \_\_\_\_\_  
Date of incident : \_\_\_\_\_  
Description of incident (please be as specific as possible and include: time, location, date, physical descriptions) : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Complaint (continued)

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State your expectations in the treatment of this complaint (\*REQUIRED)

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**\*DIVULGATION AUTHORIZATION:**  YES

I hereby authorize the Service Quality and Complaints Commissioner to divulge this complaint to the Head of the concerned Department, only for its examination. Strict confidentiality will be upheld during the entire length of the examination process.

\_\_\_\_\_  
Signature of the user

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of legal representative

\_\_\_\_\_  
Date

**This duly completed and signed complaint form must be sent to the CALACS Vallée-de-la-Gatineau coordinator in person or by email at :**

**contact@calacsvg.com**

**MAXIMUM TIME OF 30 DAYS FOR A FOLLOW-UP**