**COMPLAINT FORM**

Please use the form below to describe and submit your complaint regarding a service or services provided by the Montreal Sexual Assault Centre.

Email your completed form as an attached file to plaintes@cvasm.ca, indicating “Direction-complaint-confidential” on the email subject line.

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| **Complainant Information** |
| Your information will be kept strictly confidential and will be used only to follow up your complaint.  |
| First name |  |
| Last name |  |
| Address (street name and number, apartment) |  |
|  |
| City |  |
| Province |  | Postal code  |  |
| Telephone |  |
| Email |  |
| If you have a preferred method of communication (telephone, for example), please indicate it here:  |  |
|  |
|  |
| **Subject of the complaint**  |
| Put an “X” in the box next to the service(s) concerned by the complaint.  |
|  |  | Medico-social intervention  |
|  |  | Individual counselling  |
|  |  | Sexual Violence Helpline  |
| Please clearly describe the reason for your complaint, indicating date(s), location(s), circumstances, etc. |
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|  |
| Date: |  |
| Type in your name as your signature:  |  |