

**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](mailto: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: | | |  | | | |