

STATE YOUR EXPECTATIONS IN THE TREATMENT OF THIS COMPLAINT:

DIVULGATION AUTHORIZATION: **YES**

I hereby authorize the Local 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.

Date: _____

Signature: _____

YOUR RIGHTS AS A USER

Here are your rights as a user:

- the right to be informed of existing services and the way to obtain them;
- the right to receive, with continuity and in a personalized and safe manner, services that are scientifically, humanly and socially appropriate;
- the right to choose the professional or institution you wish to receive services from;
- the right to receive emergency care;
- the right to be informed of your state of health, and of the various options open to you and their consequences, before giving your consent to care;
- the right to be informed as soon as possible of any accident that occurs during the provision of services;
- the right to be treated, at all times, with courtesy, fairness and understanding, and with respect for your dignity, autonomy, needs and safety;
- the right to accept or refuse care, on your own or through your representative, freely and in an enlightened manner;
- the right to have access to your record, which is confidential;
- the right to participate in the decisions that concern you;
- the right to be accompanied or assisted by the person of your choice in obtaining information about services;
- the right to file a complaint without the risk of reprisal, to be informed of the complaint examination procedure and, if required, to be accompanied or assisted in the procedure;
- the right to be represented in regard to all your recognized rights if you are temporarily or permanently unable to give your consent;
- if you are an English-speaking user, the right to receive services in English, according to the government access program.