INFORMATION AND REFERRAL CENTER OF GREATER MONTRÉAL | DRUGS HELP AND REFERRAL | GAMBLING HELP AND REFERRAL | TELE COUNSELING PROGRAM FOR EXCESSIVE GAMBLING | 211

Dissatisfaction or Complaint Form

The quality of our services is important to us. If you are dissatisfied with our services or if you would like to file a complaint, please complete this form so that we can review it.

You may complete this form and return it by email to: plaintes@crgm.ca

Complainant Information

Full name _____

Adress _____

City _____ Postal code _____

Phone _____ Email _____

Description of facts

Date of the event:

Explanation of the situation
(People involved, frequency, location, names of witnesses [if applicable], description of the facts)

Suggestion
(Do you have any suggestions to prevent this issue from happening again in the future?)

Signature _____ Date _____

Please return this form by email to: plaintes@crgm.ca