



**USER (PATIENT) IDENTIFICATION**

Given and family names: \_\_\_\_\_ Name at birth: \_\_\_\_\_

Complete address: \_\_\_\_\_

\_\_\_\_\_

Date of birth: \_\_\_\_\_ Phone number: \_\_\_\_\_

User file number: \_\_\_\_\_

**IDENTIFICATION OF THE USER'S REPRESENTATIVE (IF APPLICABLE)**

Given and family names: \_\_\_\_\_ Phone: \_\_\_\_\_

Complete address: \_\_\_\_\_

\_\_\_\_\_

Reason underlying representation: \_\_\_\_\_

Relationship to user: \_\_\_\_\_

**THE COMPLAINT**

The main reason of the complaint: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The exact **date** and **place** where the incident occurred: \_\_\_\_\_

\_\_\_\_\_

Facts related to incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

