

Investigation Request Form

You may complete this form to submit an investigation request. Please be sure to include a brief summary of your concerns on the last page (see Section D).

The form can be completed on screen and then printed out, or you can print it out first and fill it in by hand. Duly completed and signed investigation requests can be forwarded by **fax or mail**. In order to maintain confidentiality, requests by e-mail are not acceptable.

Inquiries Division
Collège des médecins du Québec
2170 René-Lévesque Boulevard West
Montreal (Quebec) H3H 2T8

Fax: (514) 933-2291

A) Applicant's (person submitting the request) Coordinates

Please note that the coordinates you provide are those that you agree will be used by the Collège des médecins du Québec to contact you.

Mr

Mrs

Family Name

First Name

Address (No, Street)

Apt.

City

Postal Code

Province

E-Mail Address

Telephone (residence)

Telephone (work)

Date of Birth
(if you are the patient)

Health Insurance Number
(if you are the patient)

If you are not the patient, please indicate your relationship to the patient and provide his/her coordinates in Section B.

B) Patient's Coordinates (do not complete if the same as Section A)

Family Name

First Name

Address (No, Street)

Apt.

City

Postal Code

Province

Telephone (residence)

Telephone (work)

Date of Birth

Health Insurance Number

C) Coordinates of the Physician Concerned

Please provide as much information as possible to help us identify the physician.

Family Name

First Name

Specialty

Where did the consultation with this physician take place?

Hospital

Office (clinic)

Walk-in clinic

Other (specify)

Name of the clinic or healthcare establishment

Address (No, Street)

Office N^o

City

Postal Code

Province

Telephone

If your request involves other physicians, please provide details on a separate page.

D) Brief Summary of your Concerns

Provide a description of the situation on a separate page, including:

- the nature of your complaint or source of dissatisfaction.
- your reason(s) for consulting this physician
- the place the consultation(s) or event(s) occurred
- the date on which the medical consultation(s) or treatment(s) took place
- details about the actions taken to attempt to resolve the problem with the doctor or hospital, if applicable
- your expectations regarding this investigation request

You may use one or more lined sheets if you wish.

Please attach a copy of any documents that could be pertinent to the review of your request.

Signature (required)

Date

If you have any questions about the investigation process or the professional conduct of a physician, you can contact the Collège's Inquiries Division at (514) 933-4131 or 1 888 633-3246, extension 4131.

D) Brief Summary of your Concerns