Date

(Name of complaint commissioner)

(Establishment concerned)

(Address)

**Regarding: Complaint for excessive delay in obtaining specialized services for** (person’s name)

Mr/Ms XX,

The purpose of this letter is to file a complaint on behalf of (person’s name) in regards to having to wait an unreasonable amount of time to obtain (select among the following services: IBI, behavioural intervention, socio-professional, respite, residential, occupational therapy, speech therapy, etc.)

(Person’s name) received a diagnosis of XXX in (year). He/she is currently facing several daily challenges: (provide a brief description of the person’s behaviors and needs) for example he/she is verbal/non-verbal, has behavioral problems, describe his/her level of autonomy and what support is required in terms of supervision and assistance in daily living activities, has finished school and is waiting for socio professional services, etc.

According to your access plan for services, an establishment should provide services within:

|  |  |
| --- | --- |
|  | CIUSSS |
| An urgent priority level | 3 days |
| A high priority level | 30 days |
| A moderate priority level | 1 year |

The request for services made on (date). (Person’s name)’s file was considered as an/a (select: urgent, high or moderate) priority level. We received the information that the first intervention was to take place on (date). I/We have already been waiting for XX months/years now. This delay is unacceptable.

The consequences of this excessive delay are harmful for (person’s name). (Select among the following: He/she has lost previously acquired skills, has regressed, is more isolated, has developed behavior problems, has poor self-esteem, is losing critical time for early stimulation to limit further developmental delays, etc).

To resolve this situation, we demand that (specify the type of service requested) services be provided immediately.

I/we thank you for the attention you will provide to this letter.

Sincerely,

Signature

Name (+Relation to person)

Adress/ email / telephone number

cc : Autisme Montréal actions@autisme-montreal.com

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