Claim for lost or damaged personal item

1. Claimant's status

☐ User ☐ Legal representative ☐ Family member ☐ Person close to the user ☐ Other _____

2. User's identification

Last name: _____ Address: _____ Apt.: _____

First name: _____ City: _____ Postal code: _____

Date of birth: _____ Tel. (home): _____ Tel. (other): _____

Location where the user can be found at the institution (room): _____

3. Identification of the user's representative, if required

Last name: _____ First name: _____

Address: _____ Apt.: _____ City: _____

Postal code: _____ Tel. (home): _____ Tel. (other): _____

4. Identification of the facility for which the claim is made

Name of facility: _____

Department or care unit: _____

5. Reason for claim

☐ Loss ☐ Damage

Date of loss or damage: _____ Date item was purchased: _____

Description of personal item: _____

Reason: _____

_____

6. Document to be attached to the claim (mandatory)

☐ Receipt for the item claimed or proof of its value ☐ Receipt for replacement or repair (if available at the time of claim)

7. Claimant's signature

Signature: _____ Date: _____ Time: _____

8. Receipt of claim

Manager of activity sector concerned

Full name: _____

Signature: _____ Date: _____

Quality and risk management

Full name: _____

Signature: _____ Date: _____

Claim for lost or damaged personal item
Risk management file