



Client Complaint Form

Date: _____

What is your name? _____

What is the complaint? What Happened?

Who else was involved or was witness to what happened?

Did you talk about this issue with the person involved? Yes ___ No ___

What would you like to see happen to resolve this?

How can we contact you?

Home Telephone number: _____ Cell Number: _____

E-mail address: _____

Home address: _____

Do you have additional comments at this time?

Please bring, fax, or mail this form to:

CMHA-Ottawa Branch

1355 Bank Street, Suite 301

Ottawa, Ontario K1H8K7

Fax: 613-737-7644

Please call if you require any assistance in filling out this form, such as accessible formats or communication supports, please contact us. Any of the employees at the Branch will be happy to help. Phone: 613-737-7791