



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 fax or mail this form to:

CMHA Ottawa Branch
311 McArthur Avenue
Ottawa, Ontario K1L 8M3
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