



**Canadian Mental
Health Association**
Ottawa
Mental health for all

**Association canadienne
pour la santé mentale**
Ottawa
La santé mentale pour tous

CMHA Ottawa – 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 the issue with the person involved? Yes No

What would you like to see happen to resolve this?

How can we contact you?

Telephone number: _____ Email address: _____

Home address: _____

Please fax or mail this form to:

CMHA Ottawa

311 McArthur Avenue, Suite 301

Ottawa, ON K1L 8M3

Fax: 613-737-7644

Please call us at 613-737-7791 if you require any assistance in filling out this form, such as accessible formats or communication support. Any employees of CMHA Ottawa will be happy to help.

PROMOTING MENTAL HEALTH. SUPPORTING PEOPLE. | PROMOUVOIR LA SANTÉ MENTALE. SOUTENIR LES GENS.