

***Client Complaint Form Outline***

Canadian Mental Health Association

Algoma Branch

*\* Please Print \**

My Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: Home: \_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_

Permission to leave a message: Yes No

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which Program does your Complaint Involve? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who does the Complaint Involve? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Details & Description of the Complaint:** include any details associated with the complaint. Be sure to answer the following questions in the body of your complaint description:

* Date and Time of the Incident
* What happened
* When did this happen
* Who was involved
* Was there any witnesses
* Where did it happen
* How did it happen
* Who was supervising
* Who was notified
* Any immediate action that was taken
* Any other comments

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COMPLETED FORM TO BE GIVEN TO THE APPOPRIATE PERSON IMMEDIATLEY FOR EFFICIENT CONFLICT RESOLUTION

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_