



Canadian Mental  
Health Association  
Simcoe County  
*Mental health for all*

**CANADIAN MENTAL HEALTH ASSOCIATION, SIMCOE COUNTY BRANCH  
CLIENT / FAMILY / COMMUNITY COMPLAINT FORM**

**DATE:** \_\_\_\_\_

**NAME OF STAFF RECEIVING COMPLAINT:** \_\_\_\_\_

**NAME / POSITION OF PERSON LODGING COMPLAINT:**  
\_\_\_\_\_

**DESCRIPTION OF COMPLAINT:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ACTION & DATE:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOLLOW-UP & DATE:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COPIED TO:** \_\_\_\_\_

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(DATE)