

**CMHA NIAGARA COMPLAINT FORM**

*Every Client, Family Member and Service Provider has the right to issue a formal complaint concerning services, safety or privacy concerns related to CMHA Niagara. Assistance can be requested for completing this form.*

*All complaints are confidential and will not affect quality or access to services for any individual.*

|  |  |
| --- | --- |
| Date: |  |
| Client Name: (if applicable) |  |
| Person Filing Complaint: |  |
| Relationship to Client:  (if applicable) |  |
| Address: |  |
| Contact information: | Telephone Number: Home:  Cell:  Other:  Permission to leave a message? Yes No  Email address: |
| Complaint Details:  *Date and time of incident?*  *What happened?*  *Who was involved?*  *Where did it happen?*  *How did it happen?*  *Witnesses?*  *Who was notified?*  *What actions have already been taken?*  *Any other comments?* |  |
| Desired Outcome or What could have been done differently to prevent concern? |  |

X

Signature of Person Filing Complaint

***Completed form to be given to Program Manager of involved program. If unsure how to submit or to whom, please call 905-641-5222 to inquire regarding appropriate person related to program of concern.***

***OFFICE USE***

|  |  |
| --- | --- |
| Person Receiving Complaint: |  |
| Date Received |  |
| Action Taken: |  |

Resolved: YES NO

|  |  |
| --- | --- |
| If Yes: |  |
| Summary of Agreed Upon Solution to Complaint |  |

If No: Forward the complaint to the Quality Manager and/or Executive Director, according to Policy 200.02 – Client Complaint Protocol

Complainant Advised of Resolution or Next Steps? YES NO

Date:

X

Program Manager: Print then Sign Name