



Canadian Mental
Health Association
Nipissing Regional Branch
Mental health for all

Association canadienne
pour la santé mentale
Filiale régionale de Nipissing
La santé mentale pour tous

General Complaint Form

The following form is to be completed by anyone who is dissatisfied with the service(s) received at the Canadian Mental Health Association Nipissing Regional Branch (CMHA).

CMHA staff may assist in the completion of this form.

The completed form shall be sent to Jenny Leblond, Executive Director at jleblond@cmhanipissing.on.ca or mailed to:

Canadian Mental Health Association
C/O Jenny Leblond
176A Main Street West
North Bay Ontario P1B 2T5
PERSONAL & CONFIDENTIAL

COMPLAINT FORM

Name:

Address:

Contact Phone Number:

Date:

Date of incident:

Location of Service:

Description of problem with Service:



Have any actions been taken by the Canadian Mental Health Association Nipissing Regional Branch to rectify the issue:

Yes No If yes, please describe:

Any additional comments:

Signature:

OFFICE USE ONLY

Complaint Received by:

Date Received:

Action Taken Action Still Required

Description of Action Taken or Required:

Date Action Completed:

Signature: