

What happens with my concern?

We will acknowledge the concern, work with you toward a solution by connecting you with the appropriate resources and investigating your concern. We will make every effort to achieve this in a timely manner and provide you a summary of any decision and action taken as a result of your feedback.

Who else will be aware of my feedback?

All compliments and concerns will be noted with the staff, program and location involved. All written concerns will be acknowledged in writing by the Executive Director.

Do I have to provide my name?

If you do not wish to provide your name, you do not have to. However, it will be difficult to credit the compliment appropriately and follow up with you if you have a concern.

Your input is important to us:

You can assist us in improving service by providing your feedback.

If you need assistance completing this form, ask any staff member and they will be pleased to assist you.

Attention:

CMHAFF

P.O. Box 446

Fort Frances, ON

P9A 3M8

Fax: 807-274-2473

For a copy of the Compliments and Concerns Brochure or for more information on all services provided by CMHAFF, please visit our website:

www.cmhaff.ca



Canadian Mental
Health Association
Fort Frances Branch
Mental health for all

Compliments and Concerns

Mental Health
and Wellness in
All Communities

www.cmhaff.ca

Canadian Mental Health Association
Fort Frances Branch (CMHAFF) strives
to make every contact with service
recipients and their families an
opportunity for quality improvement.
As a consumer of our services, we
encourage you to share your opinions
and your experiences with us.

Compliments assist us in knowing
what aspects of our service delivery
are working well and to compliment
deserving staff.

Concerns provide us with an
opportunity to improve. You are
entitled to have concerns dealt with
in a respectful manner without fear or
retribution.

Compliments and concerns are most
effectively addressed at the time
and place they occur. If you have a
compliment or concern, we encourage
you to contact the worker directly.

Compliments or concerns can be written
on this brochure and additional pages
may be attached if necessary. You can
leave it at any CMHAFF service location,
with any staff member, fax or mail it to
the address on the back of this form.

MENTAL HEALTH FOR ALL

By completing this form, you are giving consent to share the compliment or concern within
CMHAFF for follow up.

First Name: _____ Last Name: _____

Phone Number: _____ Signature: _____

Mailing Address: _____

Email Address: _____

Date: _____

Compliment or Concern: _____



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