



Complaint Form

Regent Park Community Health Centre

Your complaint provides us with an opportunity to improve our services. All complaints are taken seriously by the staff and management. Efforts will be made to respond to your complaint within ten working days. We will contact you by phone or in writing using the information provided below.

If you would like to speak to somebody directly about your complaint (instead of using this form) please ask at reception to speak to a manager.

| | |
|--------------------------|--|
| Date: DD/ MM/ Year | Phone: |
| Your Full Name: | Contact Address (Apt-Street): |
| Email | Postal Code |

Complaint Information:

Location: _____

Date of incident: _____ Time of incident: _____

Name of Individual(s) Who the Complaint Relates To (where applicable):

Description of your complaint:

1. Please describe the complaint in your own words including details of what happened, where and when it occurred and the names of any witnesses. You may attach additional pages if needed.
2. How would you like this complaint to be resolved?

Please return this form to the attention of a manager or the Executive Director by leaving it at the reception desk or sending it by email to info@regentparkchc.org