

# Client Complaint Form

**Instructions for Use:** Complete this form and save it to your computer. Send the completed form to [webmaster@healthunit.org](mailto:webmaster@healthunit.org)

Name:	Address:
Phone Number:	E-mail:

Date:	Time:
Would you like to be contacted regarding your concern? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If so, what is the best way to contact you?	

- It is important in addressing the issues involved with any complaint that the complaint be made at the time of service or very soon after. All complaints must be made within 30 calendar days of the service being provided, or if the complainant is not aware of this time line, within 30 calendar days of receiving notice of the complaint procedure. This ensures that the individuals involved in your complaint are available to address your concerns.

What Health Unit Program is your complaint about?
Who have you dealt with in this organization with respect to your complaint?
Please summarize the matter you are complaining about and include any relevant dates and details.
Summarize what steps you have taken to try and resolve the complaint thus far and what response you have received.
Please note that most concerns are dealt with as soon as possible, but some require examinations that could take up to <b>30</b> days from the time you submit your complaint. If this timeline cannot be met, you will be contacted and given a reason why this timeline is being adjusted. If resolution is required prior to the 30 day timeframe, please explain why.

**Privacy Note:** The personal information collected on this form will be used only for the purposes of responding to your feedback and will be kept confidential.