



## Niagara Falls Community Health Centre

4790 Victoria Ave, Niagara Falls, ON L2E 4C2 • Phone: 905-356-4222 • Fax: 905-356-1636 • www.nfchc.ca

### Client Complaint Form

Please allow 30 days for us to investigate complaint

<b>Client Name:</b>	
<b>Date of Birth (DD/MM/YY):</b>	
<b>Address:</b>	
<b>Phone number:</b>	
<b>Date of Concern:</b>	
<b>Niagara Falls Community Health's Employee(s) Involved:</b>	
<b>Reasons for concern (check the most appropriate option)</b>	<input type="checkbox"/> Standard of service/care we provided <input type="checkbox"/> Behaviour of our staff <input type="checkbox"/> Any action or lack of an action by our staff

**Please identify as clearly and detailed as possible your concern (include any supporting communication and/or documentation):**

**Desired outcome for this concern:**

**Signature of complainant:**

**Date (DD/MM/YY):**

**NFCHC's Investigation Results – COMPLETED BY STAFF ONLY**

