



Client Relations Office Feedback Form

Feedback is defined as a complaint, a compliment an inquiry or a suggestion.

Date: _____ (D/M/Y) Time: _____

Name of person submitting feedback: _____

Address: _____

Telephone number: _____ Date of Birth: _____ (M/D/Y)

You are a: client/patient family member/friend external health professional/agency other

Please describe your feedback:

What would you like to see happen as a result of submitting your feedback?

Signature of person providing feedback: _____

If this form was completed by a staff member on behalf of a patient:

Name of staff member: _____ Service: _____ Ext: _____

Please forward this completed form to the **CAMH Client Relations Office**.
100 Stokes Street, Bell Gateway Building 6th Floor, Toronto, ON M6J 1H4
Fax: 416-583-1207
Email: client.relations@camh.ca

Please note that this form will not be placed on the client's CAMH health record.