



The Four Villages
Community Health Centre
Working Together for Whole Health

CLIENT COMPLAINT/CONCERN FORM

To be filled by the client:

Full Name

Home Address

Contact information (phone, email):

Date (DD/MM/YYYY)

Complaint/Concern Details:

Use the back of the page if need more space. Please include any supportive documentation, if applicable.

To be filled by staff receiving the form:

Location (circle one): BLOOR DUNDAS

Received by Four Villages Staff Name/Title:

Date (DD/MM/YYYY), time: _____

Staff Signature _____