

Centre de santé communautaire de Timmins

58- 1500 Riverside Drive Timmins, ON P4R 1A1 1-705-269-CSCT (2728) **Fax**: 1-705-269-2729

Email: plainte@csctimmins.ca

COMPLAINT FORM

Complainant's Name :		
Are you a client of the Centre : YES NO If yes, File No. :		
What is the subject of you complaint?		available
	Home:	
Phone number :	Mobile :	
	Other:	
Can we leave a message on your voicemail ? YES NO		
Describe the nature of your complaint (description of the incident, people involved, etc.):		
Date of the incident: (dd/mm/yyyy) What are your recommendations for resolving this complaint?		
Client's signature		Date (dd/mm/yyyy)
Name of the person who ce than the client):	completed this form (if other	
Name of the manager to whom this form was submitted :		