What happens with my concern?
We will acknowledge the concern, work with you toward a solution by connecting you with the appropriate resources and investigating your concern. We will make every effort to achieve this in a timely manner and provide you a summary of any decision and action taken as a result of your feedback.

Who else will be aware of my feedback?
All compliments and concerns will be noted with the staff, program and location involved. All written concerns will be acknowledged in writing by the Executive Director.

Do I have to provide my name?
If you do not wish to provide your name, you do not have to. However, it will be difficult to credit the compliment appropriately and follow up with you if you have a concern.

Your input is important to us:
You can assist us in improving service by providing your feedback.

If you need assistance completing this form, ask any staff member and they will be pleased to assist you.

Attention:
CMHAFF
P.O. Box 446
Fort Frances, ON
P9A 3M8
Fax: 807-274-2473

For a copy of the Compliments and Concerns Brochure or for more information on all services provided by CMHAFF, please visit our website:
www.cmhaff.ca
Canadian Mental Health Association Fort Frances Branch (CMHAFF) strives to make every contact with service recipients and their families an opportunity for quality improvement. As a consumer of our services, we encourage you to share your opinions and your experiences with us.

**Compliments** assist us in knowing what aspects of our service delivery are working well and to compliment deserving staff.

**Concerns** provide us with an opportunity to improve. You are entitled to have concerns dealt with in a respectful manner without fear or retribution.

Compliments and concerns are most effectively addressed at the time and place they occur. If you have a compliment or concern, we encourage you to contact the worker directly.

Compliments or concerns can be written on this brochure and additional pages may be attached if necessary. You can leave it at any CMHAFF service location, with any staff member, fax or mail it to the address on the back of this form.