



Children's Mental Health of Leeds & Grenville

Client Concerns Process

Staff and management of Children's Mental Health of Leeds and Grenville are interested in the concerns, opinions and views of our clients. Should you have a concern about our service, we encourage the following actions:

1. You are encouraged to express your dissatisfaction to the staff member with whom you have been involved. This person may be unaware of the issue and may be in the best position to rectify the concern.
2. Should you be unwilling or uncomfortable to discuss the issue with the staff member involved, you are encouraged to discuss your concerns with the appropriate Program Director. If you are unsure who this is or how to contact them, please contact an Administrative Assistant by calling 613.498.4844 or 1.800.809.2494 and follow the prompting message. Every effort will be made to connect you to the Program Director immediately.
3. Should the Program Director not be immediately available, please complete the information section on the back of this form. It will be forwarded to the Program Director who will contact you within ten working days of receiving the form.
4. Should the concern remain unresolved, you may contact the Executive Director, Lorena Crosbie, in writing.

To return this form to either a Program Director or the Executive Director, please choose one of the following three options:

Drop completed form off to one of our Children's Mental Health of Leeds & Grenville offices, located in Elgin, Gananoque, Brockville, Kemptville and Prescott. You are welcome to leave it with reception. Our Administrative Assistants will deliver it directly to the addressee.

Mail completed form to:

Children's Mental Health of Leeds & Grenville
779 Chelsea St., Suite BU
Brockville, ON
K6V 6J8

Or return completed form by Fax to:
613.498.2402



Children's Mental Health of Leeds & Grenville

Program Director's Name: _____ (Please see front for assistance)

Please indicate the concern that you would like addressed by the Program Director:

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If you would like us to contact you about your concern, please fill out the following information:

Your Name: _____ Phone: _____

Best time to contact you: _____

Thank you for taking the time to share your concern. The Program Director will contact you within ten working days of receiving this form.