



## Customer Complaint Form

This form should be used by individuals who have already contacted a CHC staff member regarding an issue or complaint and who have been unable to resolve their complaint to their satisfaction.

Individuals who have not already brought forward the concern or complaint to a CHC staff member will be redirected to do so as the first step in the resolution process.

### **Information about the Person Initiating the Complaint or Concern:**

Date:

First Name:

Last Name:

Phone Number:

Email Address:

Address (if a CHC resident):

Applicant Number (if a CHC Applicant):

Preferred method of communication:

Email

Phone

Are you initiating the complaint on behalf of yourself, or someone else:

Myself

Someone else

If you are submitting a complaint on behalf of someone else, please provide their name and contact information as CHC staff will contact them to obtain permission to speak with you.

Are you, or the person you are submitting the complain on behalf of, currently a resident with CHC?

Yes

No

Unknown

Are you, or the person you are submitting the complaint on behalf of, currently on the pre-qualification (waiting) list for services from CHC?

Yes

No

Unknown



**Details of the Complaint/Concern**

Name(s) of CHC employees who have been informed of the complaint/concern:

- 1.
- 2.
- 3.

If you are unable to provide the name(s) of CHC employee(s) who you have contacted to speak about the complaint/concern, you will be redirected to the appropriate team as the first step in the resolution process.

Please provide the date for when the complaint/concern began:

Please select the type of concern:

Eligibility

Access to Services

Policy

Eviction Notice

Relationship with CHC Staff/Contractor

Neighbour Conflict/Dispute Maintenance

Other

If Other, please specify:

Please provide the details of your complaint/concern and provide any supporting documents or materials.




Please describe what steps, if any, have been taken to try to resolve the complaint/concern

Please describe what options or actions (if any) were discussed with you by the CHC employee(s) you contacted.



### **Submitting Your Form**

Please forward your completed Complaint Resolution form by mail to the address below, or by email to: [chccustomerservice@calgary.ca](mailto:chccustomerservice@calgary.ca)

 <p><b>East District Office</b></p> <p>3rd Floor, Marlborough Mall Professional Building 320, 433 Marlborough Way NE, Calgary, Alberta, T2A 5H5</p>	 <p><b>South District Office</b></p> <p>Glenmore &amp; Centre Shopping Centre #18, 6624 Centre Street SE, Calgary, Alberta, T2H 0C6</p>	 <p><b>West District Office</b></p> <p>Braithwaite Boyle Centre 1701 Centre Street NW, Calgary, Alberta, T2E 8A4</p>
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If you have further questions, please contact: 587-390-1200

### **For Office Use Only:**

Date received:

Status:

Outcome: