



Selkirk Mental Health Centre Compliment, Complaint or Concern Form

A care quality complaint is a concern about the healthcare services we provide, including:

- Your own care,
- Your loved one's care,
- The care you or your loved one expected, but did not receive;
- The care of another individual you have witnessed.

Date (Day/Month/Year): _____

Contact Information

Name of Person Filing the Compliment, Complaint or Concern: _____

Address: _____

Phone Number: _____ Email: _____

Patient Information

Name of the Patient Affected (*if applicable*): _____

Patient Care Area: _____

Relationship to the Patient: _____

Compliment or Complaint Information

Description of the Compliment, Complaint or Concern:

Date of Incident: _____ Name of Witness (if applicable): _____

Requested Action: _____

Suggestions for Improvement:

Submit this form with attention to:
Quality, Risk and Innovation Department
Email: info@smhc.ca Fax: 204-785-8936
Mail: P.O. Box 9600 Selkirk MB R1A 2B5