

4481 Queen St, PO Box 123, Niagara Falls, ON L2E 6S8 | 905-356-4222 | www.nfchc.ca

Client Concern Form	
Name	
DOB (DD/MM/YY)	
Address	
Home Telephone	
Concern:	
Desired outcome for this concern:	
Staff Member Involved:	
Signature:	Date (DD/MM/YY):
The NFCHC will review and act accordingly to all concerns within 30 days of submission	

Questions about this form should be directed to the NFCHC's Executive Director at 905-356-4222. Reference – NFCHC Client Concerns Policy CS-002

