



Local Complaints Commissioner

8160 Royden Road,
Town of Mount Royal,
H4P 2T2

(514) 345-0210 #124

User Complaint Form

Name:

Last Name:

Tel:

Fax:

E-mail:

Type of User:

User

Sibling

Parent

Guardian

Other

Services User:

(Name of the user if you are a Sibling/Parent/Guardian for someone using Miriam Home Services)

Complaint:

Please note, your complaint will be reviewed shortly after submission. Your complaint will be handled with the strictest of confidentiality.