NOR-MAN REGIONAL HEALTH AUTHORITY

COMPLAINT/COMPLIMENT FORM - External

DATE:	
SOURCE OF COMPLAINT/Compliment (optional)	**Information of Person Filling out form if different from Source:**
Name:	Name:
Mailing Address:	Department/Mailing Address:
Phone:	Phone:

DETAILS: Provide a brief description of your complaint/compliment.	
	Signature: _____

RESULTS: Please indicate results you would like to see:

Once completed, please forward to:

Executive Director of Communications / Public Relations
NOR-MAN Regional Health Authority
Box 130
Flin Flon MB R8A 1M7

OR drop in suggestion boxes located in all RHA facilities **OR** fax: 204-687-6405

Thank you, your comments are appreciated!