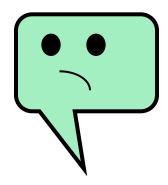
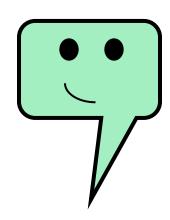
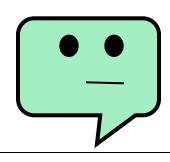
## Tell us how we are doing







## Canadian Mental Health Association Cariboo Chilcotin Branch Comment and Complaint Form



First Name:	Last Name:
Phone Number:	Email Address:
Comments or Complaints:	