

## Accessibility Complaint Form Disability Act 2005



The Mental Health Commission (MHC) is committed to providing information and services which are accessible to all in accordance with the Disability Act 2005. This includes physical access to the MHC's offices as well as access to information generally.

### Details of complainant *(please type or write in block capitals)*

|             |                      |          |                      |
|-------------|----------------------|----------|----------------------|
| First name: | <input type="text"/> | Surname: | <input type="text"/> |
| Address:    | <input type="text"/> |          |                      |
| Telephone:  | <input type="text"/> |          |                      |
| Email:      | <input type="text"/> |          |                      |

### Details of complaint *(Please provide as much information as possible. Additional paper may be used, if necessary)*

### Declaration *(To be completed by the complainant)*

I declare that all the details I have given in this form are true and complete to the best of my knowledge.

Signature of complainant: \_\_\_\_\_ Date: \_\_\_\_\_

**Once completed, please send this form to:**

*By post:*

Chief Executive,  
Mental Health Commission,  
Waterloo Exchange,  
Waterloo Road,  
Dublin 4, D04 E3W7

*By email:*

[info@mhcir.ie](mailto:info@mhcir.ie)