

## **LBS Feedback Form**

Your feedback is important to us.

*Please provide some specific information to help us fully understand your comments.*

The following is required information to help us assist you:

1. What program/service did you access?
  
2. Where did you receive service?
  
3. When did you receive service?
  
4. Who assisted you?
  
5. Please describe your experience.
  
6. How can we improve?

*Comments that include your contact information will receive a response within 10 business days. (optional)*

### 1. Optional Contact Information

1. Name: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Address2: \_\_\_\_\_
4. City: \_\_\_\_\_
5. Postal Code: \_\_\_\_\_
6. Email Address:

If you prefer to receive a letter rather than an email, please check this box