



FEEDBACK FORM

Help us improve services by telling us what you think.

Date: _____

Section I. Type of Feedback: Please mark one of the following-

Compliment Suggestion Comment Complaint

Section II. Priority: Please mark one or more of the following-

Needs Immediate Attention Please Contact Me (complete section VII)
 For Your Information Only

Section III. What is your relationship with Catholic Social Services?

Client Employee Family Friend Volunteer Attorney
 Community Member Other _____

Section IV. Please describe what happened and/or your questions, concerns, or comments.

Section V. Have you taken any other action (reported this to anyone, asked for assistance, etc...)? If so, what?

Section VI. What would you like to see happen?

Section VII. If you would like someone to contact you regarding this matter, please complete the following information:

Name: _____ Phone: _____

Address: _____ E-Mail: _____

City, State: _____ Zip: _____

Please deliver this form to the program or mail to:

CSS Deputy Director/CONFIDENTIAL, 3710 E. 20th Avenue, Anchorage, AK 99508,
or call the CSS Deputy Director at 276-5590.