



Compliments and Concerns

CSO

DATE

Dear Customer,

Please share your experiences with us! We want to give you the best possible service. Let us know what we are doing right and how we can improve.

Include the names of staff involved so that we can recognize good practices and change where we need to. Please place your completed form in the

Your comments (use back of form, if necessary):

I would like a response to my comment. No response necessary.

The following information is optional unless you requested a response:

| | | |
|-----------|-----------|--------------|
| YOUR NAME | CLIENT ID | PHONE NUMBER |
| ADDRESS | CITY | ZIP CODE |



DSHS 16-243 (08/2019)



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