



Health Services  
**CLIENT RELATIONS FORM**



Please fill out this form as completely as possible and email it to [clientrelations@lalgbtcenter.org](mailto:clientrelations@lalgbtcenter.org) or give it to any clinic front office staff member. You can also use the above QR code to fill out a form and submit it online. Your concern or feedback will be documented, reported, and forwarded to the appropriate management staff for review. Once received and if appropriate and/or requested, you should be hearing back from our Client Relations team within 5 to 10 business days. You can always email [clientrelations@lalgbtcenter.org](mailto:clientrelations@lalgbtcenter.org) with any additional information or questions.

Your First Name: \_\_\_\_\_ Your Preferred Name: \_\_\_\_\_

Your Last Name: \_\_\_\_\_ Your Date of Birth: \_\_\_\_\_

Your Phone Number: \_\_\_\_\_ Your Email: \_\_\_\_\_  
*(emails from the Center will be encrypted through Mimecast)*

**Nature of Concern/Problem**

- Appointment Access
- Billing
- Quality of Care
- Problem with Staff
- Referral
- Rules or Regulations
- Telephone Callback
- Wait time: \_\_\_\_\_
- Other: \_\_\_\_\_

Describe your concern.

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Client Signature \_\_\_\_\_ Today's Date \_\_\_\_\_