LOS ANGELES LGBT CENTER

Health Services
Client Compliment, Feedback, or Concern Procedure

Want to share compliments, feedback, or concerns about the services you received?

1. Ask to speak with a supervisor about it.
2. If that doesn't work, or if you don't want to talk to a supervisor, contact Client Relations. Here's how:
   - Complete and submit a Client Relations Form online at https://lalgbtcenter.org/patient-forms.

     This QR Code takes you to the online form.
   - Email clientrelations@lalgbtcenter.org.
   - Call 323-993-7500 to leave a message for Client Relations.
3. Client Relations will:
   - 3.1. Let you know they received your concern within 5 business days.
   - 3.2. Review and address it with appropriate staff.
   - 3.3. Will let you know the outcome of their review within 30 days, as appropriate.
4. If not satisfied with Client Relation's response, you may have options:
   - Health Plan members: call your health plan member services line.
   - Medi-Cal Managed Care members: contact the Department of Managed Health Care Help Center (888-466-2219) or Ombudsman (888-452-8609 | MMCDOmbudsmanOffice@dhcs.ca.gov).
   - Mental Health services clients: call the Los Angeles County Department of Mental Health Patients' Rights Office (213-738-4949).
   - HIV services clients: call the LA County Office of AIDS Programs and Policy (213-351-8000).

I have read and understand this Client Compliment, Feedback, or Concern Procedure.

First Name _____ Preferred Name _____

Last Name _____ Date of Birth _____

Signature _____ Date Signed _____