LOS ANGELES LGBT CENTER

Health Services
Client Relations Form

You can submit a Client Relations Form in any of the following ways

- Online: https://lalgbtcenter.org/patient-forms
- Email: clientrelations@lalgbtcenter.org
- In Person: deliver to any Health Services front desk staff member.
- Mail: Los Angeles LGBT Center – Health Services, Attn: Client Relations, 1625 Schrader Blvd, Los Angeles, CA 90028

Your Client Relations Form will be reviewed through the Client Compliment, Feedback, or Concern Procedure. You received and signed information about this process when you registered for services. Copies of it are available in clinic waiting rooms and online at https://lalgbtcenter.org/patient-forms.

First Name _____ Preferred Name _____

Last Name _____ Date of Birth _____

Phone Number _____ Email _____

**Center emails are encrypted by Mimecast*

Nature of Compliment, Feedback, or Concern

- ☐ Appointment Availability or Scheduling
- ☐ Billing
- ☐ Care Team Response or Follow-Up
- ☐ Medication Prescriptions or Refills
- ☐ Paperwork (Letters, Applications, etc.)
- ☐ Phone Call or Callback Wait Time
- ☐ Privacy or Confidentiality
- ☐ Quality of Services
- ☐ Referrals or Care Coordination
- ☐ Staff Support or Helpfulness
- ☐ Wait Time in Waiting Area
- ☐ Other: _____

Describe your experience:

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Signature_____ Today's Date _____