



LOS ANGELES
LGBT CENTER

Health Services
CLIENT RELATIONS FORM



Please fill out this form as completely as possible and email it to 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 reviewed and addressed by the Client Relations team, typically with 5 to 10 business days.

Client Name: _____

Client Date of Birth: _____

Phone Number: _____

Date of Concern/Feedback: _____

Nature of Concern/Problem

- | | | |
|--|---|--|
| <input type="checkbox"/> Appointment Access | <input type="checkbox"/> Phone Access or Callback | <input type="checkbox"/> Rules and Regulations |
| <input type="checkbox"/> Billing | <input type="checkbox"/> Problem with Staff | <input type="checkbox"/> Wait Time |
| <input type="checkbox"/> Health Information or Records | <input type="checkbox"/> Quality of Care | <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> Referral | |

Describe your concern.

Client Signature _____ Today's Date _____

----- **Staff Use Only** -----

Client Relations Signature: _____ Date of Receipt: _____