



**10 Church Street
Lynn, Massachusetts 01902**

**Executive Director
Charles Gaeta**

Comment/Feedback Form

- **Date of Visit/Call** _____
- **Department Visited/Called** _____
- **Name of Employee (if known)** _____
- **What was the purpose of your visit/call** _____

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- **Did you have an appointment** **Yes or No**
 - **Were you on time** **Yes or No**
 - **Was the wait time acceptable** **Yes or No**
 - **Were you greeted in a friendly manner** **Yes or No**
 - **Did you find the staff knowledgeable and helpful** **Yes or No**
 - **Suggestions/comments** _____
 - **Contact info. (optional)** _____

Mail to the address above or email to help@LHAND.org

Thank You