**Feedback Form**

We value your input and strive to meet the needs of our clients. Your feedback provides us with an opportunity to learn and improve our services.

Date of visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Was our client service provided to you in an accessible manner?**

Yes No Somewhat Please provide details in comment box below

**Comment**

**What could Hilborn LLP do to make it easier for you to access our services?**

**Comment**

**Do you feel your dignity and independence were respected in your dealings with Hilborn LLP staff?**

Yes No Somewhat Please provide details in comment box below

**Comment**

**Would you like to be contacted to discuss your experience further?** Yes No

If yes, please indicate your preferred method of contact and include your contact information:

 Mail

 Phone

 Emai

 E-mail

Your contact information:

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for your input.

Hilborn LLP is collecting personal information you provided on this form in order to respond to your feedback. If you have any questions about the collection, use and disclosure of your personal information by the firm, please contact accessibility@hilbornca.com.