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FEEDBACK FORM

Columbia Community Mental Health (CCMH) welcomes your feedback. This form is designed to provide clients, family members, friends, and community partners, with a method for communicating what they like or dislike about CCMH and the services provided. CCMH is always looking for ways to improve; your feedback is valuable and we want to hear it! Please complete this form to let us know how we are doing. If you prefer, you may submit your feedback anonymously.

Name: _____ Date: _____
(Please Print)

How may we contact you to follow up on this feedback?

- Phone/Email/Other (please list): _____
- Please do not contact me.

Please write your feedback here. You may attach additional pages to this form as needed:
