

**FEEDBACK FORM  
ON OUR TREATMENT OF PEOPLE WITH DISABILITIES**

In order to improve our services, we would appreciate your feedback on services we provided to people with disabilities.

Your Name: \_\_\_\_\_

Your coordinates (email, phone number): \_\_\_\_\_

\_\_\_\_\_

Services received: \_\_\_\_\_

Date: \_\_\_\_\_

Comments/suggestions:

Please send this form back to:

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**Thank you**