

BOARD OF SUPERVISORS
CITY AND COUNTY OF SAN FRANCISCO

WE WANT TO HEAR FROM YOU!
SUGGESTION/COMPLAINT FORM

LANGUAGE ACCESS

If you have received interpretation services offered during our meetings, we would love to hear from you! Letting us know about your experience will help us improve these services for future meetings.

Today's Date	____ / ____ / ____ (MM/DD/YYYY)
Name (optional)	
Contact Information	Email:
	Phone:

FEEDBACK/SUGGESTION DESCRIPTION

Please provide feedback, suggestions, or complaints in the space below.

MEETING DETAILS	
Date of Meeting	____ / ____ / ____ (MM/DD/YYYY)
Meeting Attended	<input type="checkbox"/> Board of Supervisors Meeting <input type="checkbox"/> Committee Meeting (please specify): _____
Language Assistance	<input type="checkbox"/> Chinese <input type="checkbox"/> Spanish <input type="checkbox"/> Filipino <input type="checkbox"/> Other (please specify) _____

Please return to: ***Office of the Clerk of the Board of Supervisors***

Mail to: 1 Dr. Carlton B. Goodlett Place, Room 244 San Francisco, CA 94102

Phone 415-554-5184, Fax: 415-554-5163

Email: board.of.supervisors@sfgov.org