



**HIV/AIDS RESOURCES AND COMMUNITY HEALTH
FEEDBACK FORM**

ARCH is committed to providing high quality care and services to meet the needs of our participants; in order to do this we need your feedback.

Please fill out the following information.

Do you have any feedback for ARCH? _____

Did you have any problems accessing our services? YES NO SOMEWHAT

Were our services provided to you in an accessible manner?
 YES NO SOMEWHAT

Please tell us how we are doing: _____

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If you would like us to follow-up with you about your feedback, please leave a name and contact information

Name: _____ **Contact:** _____

Phone / Email

ARCH takes approximately two weeks to review and respond to our feedback forms.