**Massachusetts Department of Transitional Assistance**

**CLIENT FEEDBACK FORM**

You can use this form to let DTA know about your experience. You can tell us about a positive or negative experience, or suggest how DTA can improve services. We care about your feedback!

**Check this box if you need help completing this form or if you wish to receive a follow-up phone call about this form.**

Please provide your contact information below so a DTA representative can respond to your feedback. You do not have to give your name or your phone number if you do not want DTA to contact you.

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

Agency ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of your experience:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best phone number to reach you:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Topic Areas: Please check all that apply.**

**Customer Service. This can include:**

* Was a case manager exceptionally helpful to you?
* Was your call not returned?

**Benefit Access and EBT. This can include:**

* Did you enjoy using your EBT card to get into a local museum?
* Did you not get an EBT card?

**The decision about your benefits. This can include:**

* How have DTA benefits helped your family?
* Do you disagree with the Department’s decision?

**Access to other DTA services. This can include:**

* Did a reasonable accommodation for a disability help you access benefits?
* Were you not provided a translator?

**Other. This can include:**

* A positive or negative experience you had with DTA.
* Suggestions for how DTA can improve your experience.

**Please use the space below to tell us about your experience:**

**Mail this form to:**

**DTA – Client Feedback**

**P.O. Box 120429**

**Boston, MA 02111**

**Important: This form is not an appeal (a request for a fair hearing)   
of a decision DTA has made in your case.**