

**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.**