



TSC CLINIC COMMENT FORM

Instructions: Use this Comment Form to submit a concern or compliment about a TSC Clinic to the TS Alliance.

Date: _____

By providing your name and contact information, the TS Alliance will be able to help address your concern and follow up with you, or if you have a compliment, we would like to share this information with the recipient. I wish to remain anonymous to the TSC Clinic and/or TS Alliance

Your Name: _____

Email: _____ **Telephone:** _____

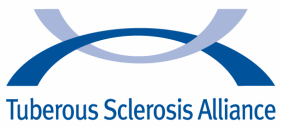
Compliment

This is a compliment about a TSC Clinic: _____ or
staff member(s): _____

Concern

This is a concern about a TSC Clinic: _____ or
staff member(s): _____

Write your comments here:



WE'LL GIVE
EVERYTHING.
BUT UP.

TS ALLIANCE COMMENT FORM

Return this Comment Form to Jo Anne Nakagawa (TSC Clinic Liaison) by:

- Email: jnakagawa@tsalliance.org, or
- FAX:1-888-769-0113, or
- Mail to: TS Alliance / Comment Form, 8737 Colesville Road., Suite 400, Silver Spring, MD 20910-3921