

Consumer Comment Card

Interpreter Name: _____ Date: _____

Vendor Name: _____ Clinic: _____

4. Was the interpreter easy to understand?

Yes No

5. Did the interpreter say everything you wanted to say?

Yes No

6. How comfortable were you with the interpreter?

Very Comfortable Somewhat Comfortable Not Comfortable

Comments: _____

Instructions for DBH Staff: Please fill out the top two rows of information; ask Consumer to complete and return the form to DBH Staff. When completed place the pre-addressed form in interoffice mail.

CUL010 (10/10)

Consumer Comment Card

Interpreter Name: _____ Date: _____

Vendor Name: _____ Clinic: _____

1. Was the interpreter easy to understand?

Yes No

2. Did the interpreter say everything you wanted to say?

Yes No

3. How comfortable were you with the interpreter?

Very Comfortable Somewhat Comfortable Not Comfortable

Comments: _____

Instructions for DBH Staff: Please fill out the top two rows of information; ask Consumer to complete and return the form to DBH Staff. When completed place the pre-addressed form in interoffice mail.

CUL010 (10/10)

Mail to: Department of Behavioral Health
Office of Cultural Competence &
Ethnic Services
Mail Code: 0019

Mail to: Department of Behavioral Health
Office of Cultural Competence &
Ethnic Services
Mail Code: 0019