PUBLIC REVIEW

Personal Information (OPTIONAL)

Name: 
Agency/Organization: 
E-mail address: 
Mailing Address: 

Comments (YOUR VOICE MATTERS)

1. What about the Proposal do you like?

2. What if any, concerns do you have about this Proposal?

3. What recommendations do you have to strengthen this Proposal?

4. Additional Comments

Any member of the public may submit written comments on or before November 25, 2017. Written comments can be submitted on this form by e-mail to DIGomberg@dmh.lacounty.gov or by letter addressed to:

County of Los Angeles – Department of Mental Health
Program Development and Outcomes Bureau
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