



LOS ANGELES COUNTY  
**DEPARTMENT OF  
MENTAL HEALTH**  
hope. recovery. wellbeing.

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH  
DRAFT SURVEY EMAIL TEMPLATE

[Enter Agency Information]

Dear Mr./Mrs.

Thank you for letting us serve you. We want your feedback to make sure we are providing the best possible services for everyone we serve. We are asking for your help to complete a short online survey about your experience with us. It should not take any more than 10 minutes.

Please click on the link/QR Code below to access the survey:  
<http://www.xxxxxxxxxxxxxx>

Please fill in the following information on the first page of the survey:

County ID – 19 (Los Angeles)

CSI County Client Number: XXXX

County Reporting Unit: Provider Number – XXXX

The survey you are about to complete is confidential. Your therapist will not see this and your responses will in no way affect your right to services. Because the Department will use the results to improve the quality of services, we are interested in your honest opinions, whether they are positive and/or negative. Thank you for your cooperation and help improving our services to you.

If you have concerns that are serious and sensitive, please discuss and or report these concerns immediately to a program manager who will assist you. And if you are in crisis, please speak immediately with your therapist or a clinic manager as your responses to this survey will not be reviewed for immediate response.

[Enter the names and direct contact information to their designated program and clinic managers for the agency]

Sincerely,