LEGAL AID CHICAGO
EQUAL JUSTICE STARTS HERE

CLIENT COMPLIMENT FORM

NAME :			
ADDRESS :			
EMAIL :		**PHONE :**	

STATEMENT OF COMPLIMENT OR STORY

(Include dates and names if possible)

SIGNATURE :		**DATE :**	

(Please continue on the back of this form if necessary)

This completed form should be mailed to:

Legal Aid Chicago
Attn: External Relations
200 N. LaSalle St., Suite 1400
Chicago, IL 60601