



## CLIENT COMPLIMENT FORM

<b>NAME :</b>				
<b>ADDRESS :</b>				
<b>EMAIL :</b>		<b>PHONE :</b>		
<b>STATEMENT OF COMPLIMENT OR STORY</b> (Include dates and names if possible)				
<b>SIGNATURE :</b>			<b>DATE :</b>	

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

This completed form should be mailed to:

**Legal Aid Chicago**  
**Attn:** External Relations  
**120 S. LaSalle St., Suite 900**  
**Chicago, IL 60603**