



Customer Connection

LifeShare is very interested in receiving feedback from you regarding quality of services and products we provide. Use this form to make comments. The form is not meant to take the place of immediate direct personal communication but to provide means of formally communicating any compliments you would like conveyed or concerns you feel need to be documented.

Please fill in any necessary information detailing the event and any contact you had with blood center staff regarding an event. Return the form to the blood center via a driver/courier or mail or fax the form to the center Executive Director or Quality Assurance Coordinator.

Alexandria
2051 North Mall Drive
Alexandria, LA 71301
Fax: 318.442.9446

El Dorado
443 West Oak Street
El Dorado, AR 71730
Fax: 870.862.2721

Shreveport
8910 Linwood Avenue
Shreveport, LA 7110
Fax: 318.222.8866

Baton Rouge
3849 North Boulevard
Baton Rouge, LA 70806
Fax: 318.383.7728

Lake Charles
214 Dr. Michael DeBakey
Drive
Lake Charles, LA 70601
Fax: 318.494.1564

Texarkana
1321 College Drive
Texarkana, TX 75503
Fax: 903.792.6600

Beaumont
4305 Laurel Street
Beaumont, TX 77707
Fax: 318.838.1100

Monroe
2909 Kilpatrick Boulevard
Monroe, LA 71201
Fax: 318.322.4445

Date/Time: _____ Facility/Hospital: _____

Person initiating form: _____

Was LifeShare contacted: Yes _____ No _____

If yes, please give name of person contacted: _____

Please describe the event using the space below. _____

Received by: _____ Date: _____