



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.

LifeShare-Shreveport
8910 Linwood Ave.
Shreveport, LA 71106
Fax: 318-222-8886

LifeShare-Alexandria
2051 North Mall Dr.
Alexandria, LA 71301
Fax: 318-442-9446

LifeShare- Beaumont
4305 Laurel St.
Beaumont, TX 77707
Fax: 318-838-1100

LifeShare-Monroe
2909 Kilpatrick Blvd.
Monroe, LA 71106
Fax: 318-322-4445

LifeShare-Baton Rouge
3849 North Blvd
Baton Rouge, LA 71106
Fax: 318-383-7728

LifeShare- Lake Charles
214 Dr. Michael DeBakey Dr
Lake Charles, LA 70601
Fax: 318-494-1564

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: _____