

# Client Feedback Session Agenda

**Date:** [Insert Date]

**Time:** [Insert Time]

**Location:** [Insert Location]

## Agenda:

1. Welcome and Introductions
2. Overview of the Session Purpose
3. Client Feedback Collection
  - Group Discussion
  - Individual Feedback Forms
4. Review of Current Services
5. Suggestions for Improvement
6. Next Steps and Closing Remarks

## Contact Information:

If you have any questions, please contact:

**[Name]**

[Position]

[Agency Name]

[Phone Number]

[Email Address]