

# FEEDBACK FORM

We appreciate your feedback on this re-entry guide. If you have suggestions or comments you would like us to consider, please complete this form and mail it to:

**Texas Criminal Justice Coalition, 510 S. Congress Avenue, Suite 104, Austin, TX 78704**

OR: Print a feedback form available on our website at  
[www.criminaljusticecoalition.org/tools\\_for\\_reentry/reentryguide.html](http://www.criminaljusticecoalition.org/tools_for_reentry/reentryguide.html).

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Age:** \_\_\_\_\_ **Gender:**  Male  Female  Transgendered

**Ethnicity:**  African-American  Asian/Pacific Islander  Caucasian  
 Hispanic  Native American  Other: \_\_\_\_\_

**I am:**

- Under the supervision/custody of the criminal justice system
- A family member of someone under the supervision/custody of the criminal justice system
- A criminal justice professional
- An employee or volunteer for a community/faith-based organization (name of program):  
\_\_\_\_\_
- A city or county employee (department/division): \_\_\_\_\_
- Other \_\_\_\_\_

**I received this publication from:**

- Prison/jail/parole/community corrections staff located in (unit/city):  
\_\_\_\_\_
- Family / friends
- Employer (provide name): \_\_\_\_\_
- Community/faith-based organization (organization name and city):  
\_\_\_\_\_
- Other \_\_\_\_\_

**Comments and suggestions for improvement and/or additional or updated resource(s):**

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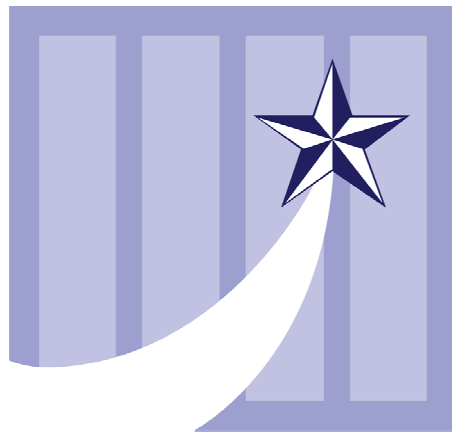
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**TEXAS CRIMINAL  
JUSTICE COALITION**

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