

TYPE OF FEEDBACK

Compliment Suggestion Complaint Other

CUSTOMER DETAILS | Leave blank if you wish to remain anonymous

Name: _____

Address: _____

Telephone: _____ Mobile: _____ Email: _____

Preferred method of contact: Email Telephone Mobile Mail No contact

REPRESENTATIVE | Please complete if you are assisting the customer with providing this feedback

Name: _____ Relationship: _____ Company (if applicable): _____

Address: _____

Telephone: _____ Mobile: _____ Email: _____

Preferred method of contact: Email Telephone Mobile Mail No contact

Is the customer aware of this feedback? Y N If yes, does the customer consent to this feedback being provided? Y N

CONSENT

I confirm I have the authority to act on behalf of this person and consent to the sharing of their information.

Signature: _____ Date: _____

WHAT IS YOUR FEEDBACK RELATED TO?

Product Service Staff Name: _____ Position: _____

Date of experience: _____

DETAILS | Please provide your feedback