

FEEDBACK FORM

INDIVIDUAL INFORMATION

Name:

Address:

Tel:

FEEDBACK INFORMATION

Statement of facts detailing the feedback:

Name of employee involved: _____

Describe what actions can be taken to deal effectively with your feedback:

Signature of the Service User

Date:

Please provide contact information of the person helping you complete the Feedback Form

Name:

Telephone:

Organization if applicable:

OFFICE USE ONLY:

Response provided: Yes No

Feedback Complaint Stage: (1) (2) (3)

Outcome:

c.c.: Executive Director