Customer Feedback 

Form

**We are committed to providing high quality services and we would like your help in knowing how well we are doing. If you have been pleased by the quality of the service you have received from any team or individual, please show your appreciation by completing this form and we will pass on your comment.**

If, on the other hand, you have been dissatisfied in any way, please tell us. We will contact you and let you know what action we propose to take.

Please complete with as much information as you wish in the spaces below.

**Title First Name Last Name**

**Address**

**Postcode Daytime Phone number**

**Email**

**Would you like to make a compliment, complaint or comment?**

Today’s date (when form was completed)

 / /

Date of service or incident received

 / /

Please provide details of your compliment, complaint or comment:

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If you are making a complaint please tell us how you would like us to put it right?

Please give us any details on any loss, harm, damage or inconvenience you have suffered in relation to this:

**For Office use only:**

|  |  |
| --- | --- |
| Date received | Date response to be sent by |
| Date acknowledged | Reference |
| Passed to (name) for action |
| Response sent on (date) by (name) |
| **Return form to Customer Service attaching copy of response** |
| Comments or further action required |