

# CONSUMER FEEDBACK FORM



FORM 45

Type of Feedback:	<input type="checkbox"/> Compliment	<input type="checkbox"/> Suggestion	<input type="checkbox"/> Complaint
-------------------	-------------------------------------	-------------------------------------	------------------------------------

Which service are you writing about?			
<input type="checkbox"/> Referral service	<input type="checkbox"/> Education service	<input type="checkbox"/> SPICE	<input type="checkbox"/> Connections
<input type="checkbox"/> Liaison service	<input type="checkbox"/> Other .....		

What would you like to tell us? (if insufficient space please attach further information)

What would you like to happen? (if insufficient space please attach further information)

Would you like a response to your feedback/complaint?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	------------------------------	-----------------------------

If you would like a response, or are happy to provide contact details, please provide the following:

Name:					
Street Address:					
Suburb:		State:		Postcode:	
Contact Phone Numbers:					
Mobile:			Home:		
Email:					

Date:	
-------	--

**PLEASE RETURN THIS FORM TO:**

Volunteering ACT, P.O. Box 48 Belconnen ACT 2616  
 Ph: (02) 6251 4060 Fax: (02) 6251 4161 Email: customer.service@volunteeract.org.au

**Office Use Only:**

Date Received:		<input type="checkbox"/> Mail	<input type="checkbox"/> in Person	<input type="checkbox"/> Phone	<input type="checkbox"/> Email
Action by (staff name):					
Forwarded to:					
Action taken:					
Resolved:	<input type="checkbox"/> Yes <input type="checkbox"/> No				