



Record of Customer Feedback

Date feedback received: _____

Name of customer (Optional): _____

Contact information (if appropriate):

Address _____

City _____

Postal Code _____

Email _____

Telephone _____

Details:

Follow Up:

Action to be taken:

Staff Member:

Date:

***Please Note:** There may be privacy implications for organizations collecting personal information. Providers should seek their own legal advice regarding the privacy implications of collecting person information in this manner.