

# COMPLAINTS & FEEDBACK HANDLING

## PROCEDURE



Feedback / Complaint Form			
<b>Full Name</b>			
<b>Date</b>			
<b>Email Address</b>			
<b>Phone Number</b>			
<b>Type of Feedback</b>	Compliment <input type="checkbox"/>	Complaint <input type="checkbox"/>	
	Suggestion <input type="checkbox"/>	General Feedback <input type="checkbox"/>	
	Other <input type="checkbox"/>		
<b>What is your relationship to EASANT</b>	Client <input type="checkbox"/>		
	Client (i.e. parent, carer, guardian)		
	Extended family of a client		<input type="checkbox"/>
	Friend of a client family		<input type="checkbox"/>
	Staff		<input type="checkbox"/>
	Other		<input type="checkbox"/>
<b>Preferred reply method</b>	Phone <input type="checkbox"/>	Email <input type="checkbox"/>	Postal Mail <input type="checkbox"/>
<b>Address</b> (Use only if you would like a response via postal mail)			
			Postcode
<b>Your Feedback</b>	Thank you for taking the time to complete this form. Please attach extra pages if required.		