

# FEEDBACK FORM

Please tell us what you feel we are doing right, or what you think we can improve on. Whether that is recommending new stores, ideas on past or current promotions, or any general feedback that can help us deliver what you want.

Complaint       Compliment       Comment

## Customer Details

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Date and Time of Occurrence: \_\_\_\_\_

Vehicle registration and ticket number (if parking complaint): \_\_\_\_\_

\_\_\_\_\_

## Please Specify Details

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you previously contacted us about this issue?      YES/NO  
(if yes please provide details)

\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

## OFFICE USE ONLY

Received by: \_\_\_\_\_ Action Taken: \_\_\_\_\_

Date received: \_\_\_\_\_

Signature: \_\_\_\_\_ Date Action Taken: \_\_\_\_\_

