



CUSTOMER FEEDBACK FORM

Please email completed form to: info@sw-at.com.au

Date: _____

CLIENT DETAILS

Name: _____

Address: _____

Phone: _____

Email: _____

Feedback left by (if not client): _____

Phone: _____

Email: _____

FEEDBACK DETAILS

Details of Service Provided: _____
and/or

Staff Member Involved: _____

Date of Incident: _____

Location: _____

Feedback details:

STEPS ALREADY TAKEN TO RECTIFY COMPLAINT

PROPOSED RESOLUTION

Signature: _____

Name: _____

Relationship to Client: _____

Date: _____

DETAILS OF ANY EVIDENCE

Details of any evidence: _____

Don't forget to include all documentation to validate your feedback.

OFFICE USE ONLY

Form Accepted by: _____

Designation: _____

Signature & Date: _____



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www.sw-at.com.au