FEEDBACK FORM

Reference No:

Please select type of feedback: ☐ **Compliment** ☐ **Complaint**

Address/Location:

Name: **Date:**

Email: **Mobile:**

Your preferred mode of contact: **Phone** ☐ **Email** ☐ **In Person** ☐ **Post** ☐

Description of Event:

If you have a complaint, how would you like it addressed? What is the outcome you would like as the result of making this complaint?

Feedback received by GDS Staff:

Name: **Position:**

Date:

FEEDBACK FORM

Description of Event cont:

If you have a complaint, how would you like it addressed? What is the outcome you would like as the result of making this complaint? Cont.