|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SCREENWEST FEEDBACK FORM** | | | | | |
| **YOUR DETAILS** | | | | | |
| **Name** |  | | | | |
| **Address** |  | | | | |
| **Telephone Number** |  | | | | |
| **Email** |  | | | | |
| **Preferred contact method** |  | | | | |
| **WHO YOU ARE WRITING ABOUT** | | | | | |
| **Division** |  | **Do you want a reply from us?** | **Yes** | **No** | |
|  |  | |
| **Name of Employee *(if applicable)*** |  | **Do you wish to remain anonymous to this person?** | **Yes** | | **No** |
|  | |  |
| **WHAT YOU ARE WRITING ABOUT** | | | | | |
| **Subject of Feedback / Complaint**  *(e.g. event, person, location….)* |  | | | | |
| **Summary of Feedback / issue**  *(If a complaint please provide a concise factual description of the complaint. Include dates, times, people involved, locations as appropriate)* |  | | | | |
| **What steps have you taken to raise the issue?**  *(e.g. spoken to a staff member, forwarded an email...)* |  | | | | |
| **Outcome sought**  *(Please detail what outcome(s) you are seeking in order to resolve the issue)* |  | | | | |

**Thank you for your information.**

**You can expect an initial response from us within 5 days and a full response within 30 days.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Office use only** | | | |
| Complaints Co-ordinator |  | Date received |  |
| Acknowledgement sent (date) |  | Passed to |  |
| Final response sent (date) |  | File ref (attach details of action taken) |  |