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| **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.**

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