



## FEEDBACK FORM

Please Check One:  
If you are issuing a formal  
complaint you **must include**  
your name and the best way  
to contact you.

☐ Complaint  
☐ Compliment  
☐ Suggestion

We want to hear from you! Please use this form to share a complaint, compliment, or suggestion.

DATE: \_\_\_\_\_ DATE OF INCIDENT (if different): \_\_\_\_\_

→ If this is a COMPLAINT, please provide your name and contact info so we can follow up.  
(Required for complaints)

→ If this is a Compliment or Suggestion, this section is optional.

NAME: \_\_\_\_\_

PHONE &/or EMAIL: \_\_\_\_\_

Subject or Topic: \_\_\_\_\_

Details: (Please describe your concern, praise, or idea clearly.)

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What would you like to see happen? (optional)

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Date Received:

**For OFFICE USE ONLY:**

Staff Initials:

Action Taken//Notes:

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