

Customer Feedback Form

Please complete in Capital Letters and in ink

SECTION 1 - About You

Surname: Mr/Mrs/Miss/Ms/Dr:

Forename(s):

Address:

Postcode:

Telephone (Daytime):

SECTION 2 - Issue raised

2a Which SASA service does this feedback relate to?

Please give the name of the relevant staff member (if available)

2b What issue would you like to report?

(Please provide a brief description of what you think SASA failed to do, or did wrongly. If there is not enough space here, please continue your comments on a separate piece of paper and attach it to the form. If possible, refer to any relevant letters you have already written to SASA, our responses and any other information you think appropriate).

Customer Feedback Form (cont)

2c How has it affected you?

(Describe how you have suffered or your interests have been affected)

2d What would you regard as a reasonable remedy to the matter?

2e On or about what date did the issue occur?

2f If there has been a delay in telling/informing us about this issue, please state why.

Signed:

Date:
