

**Comments, Complaints, Compliments Form**

**Is this a…**   
(please tick the relevant box)

□ **Comment?** □ **Complaint?** □ **Compliment?**

Please give details below

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**Level of satisfaction**

Please indicate (by ticking the relevant box) your level of satisfaction based on your experience during your visit: -

**Friendliness & Enthusiasm of Staff**

□ Excellent □ Good □ Average □ Poor □ Very Poor

**Efficiency of the Service**

□ Excellent □ Good □ Average □ Poor □ Very Poor

**Standard/Quality of the Service**

□ Excellent □ Good □ Average □ Poor □ Very Poor

**Information Received**

□ Excellent □ Good □ Average □ Poor □ Very Poor

**Location of the Office**

□ Excellent □ Good □ Average □ Poor □ Very Poor

**Presentation of the Office**

□ Excellent □ Good □ Average □ Poor □ Very Poor

**Additional comments**

If you received **excellent service** from a particular member of staff would you like to comment or name them?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any additional comments or suggestions on the service provided would be much appreciated.

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Your comments are completely confidential. However, if you have a complaint or you wish to be contacted, please provide details: -

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel. no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Organisation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_