**Customer Feedback Form**

*(Complaints will be treated confidentially)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Your name** |  | **Date** |  |
| **Your contact details** *(if you would like a response from KAMS please provide at least one way we can contact you)* | Address |  |
| Telephone / Mobile |  |
| Email |  |
| **Details of your feedback** *(include names of people/staff, dates, conversations, location, steps taken)* |
| **Please attach any documents to support your feedback/complaint.** |
| **What would you like to happen now?** |
| **Would you like a response from us? (please tick) YES NO** |