

GENERAL FEEDBACK

This form is to be used to formally record verbal or written feedback received from a client, participant, employer or other individual about our products and services.

Details					
Name:					
Stakeholder <i>(please circle)</i>	PARTICIPANT	EMPLOYER	STAFF	CLIENT	OTHER

Date Received:				
Taken by:				
Received by:	Written	Telephone	Email	Other

Please note: where the feedback received is in written form – please attach a copy of all evidence to this feedback form.

SECTION 1 – Brief Summary of feedback received

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SECTION 2 – Review and Action to be taken by RMTS	
Details of immediate Action to be taken	
By whom:	
Timeframe:	
Reviewer:	
Position:	
Date of Review:	
SECTION 3 – Senior Management Meeting	
<input type="checkbox"/> Agreed action agreed and effective.	
<input type="checkbox"/> Corrective Action Request to be completed and sent to responsible person/s for actioning.	
Details of strategies and agreed actions:	
Signed:	/ /
Compliance use only	
<input type="checkbox"/> Feedback recorded in Continuous Improvement Register	Date entered: / /
<input type="checkbox"/> Corrective Action Request completed and sent	CAR No.
Details:	
Signature:.....	