



## FEEDBACK & COMPLIMENT FORM

Name of person providing feedback \_\_\_\_\_

Contact details: \_\_\_\_\_

Name of program you are participating in: \_\_\_\_\_

Details of feedback: \_\_\_\_\_

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**Please forward to Manager, Belvedere Community Centre.**

***Office Use Only:***

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Is action required: \_\_\_\_\_

Action taken: \_\_\_\_\_

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Closed by: \_\_\_\_\_ Date: \_\_\_\_\_

Version No:	2	Created by: MM	6/2017
Scheduled review date:	6/2019		