

Suggestions & Feedback

Today's Date:
Name:

Suggestion and Feedback Details	
<input type="checkbox"/>	Service Request
<input type="checkbox"/>	Damage Goods
<input type="checkbox"/>	New Idea
<input type="checkbox"/>	Other (please explain)

Details of the Suggestion/Feedback:
Action Taken:
Close by:
Signature:
Date:

Suggestions & Feedback

Today's Date:
Customer Name:

Suggestion and Feedback Details	
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