



Feedback/ Complaint Form

I would like to make a comment/complaint about the service received from the Parents of Deaf Children.

All information given in this form is confidential.

Name: _____

Contact Details: _____

Are you making this comment/complaint on behalf of someone else? Yes No

If yes, provide that person's name: _____

Subject of comment/complaint: _____

Details: What happened to you/the person you are speaking for? (You need to say what happened, when it happened, who was involved and how it affected you. Put in as much detail as you can.)

Have you discussed this matter with a PODC staff member? Yes No
If yes,

Who _____

When _____

Suggestions:
What was done well?

What could be done to improve our service?

Signature Date