

## Feedback Form

Type of feedback:

- Compliment
- Complaint
- Comment

I am a (tick all that apply):

- EBL Customer
- Enable Customer
- Family Member
- Friend
- Advocate
- EBL Staff Member
- Enable Staff Member
- EBL Staff Member on behalf of an EBL customer
- Enable Staff Member on behalf of an EBL customer
- Other

Feedback:

## Feedback Form (Page 2)

Your Name (optional):

Phone number (optional):

Email (optional):

Expected Outcome (optional):

- Acknowledgement
- Answers
- Apology
- Outcome

Should you have anything further you would like to add, please do so in the space provided below.