

Customer/Client Feedback Form



WA Skills Training encourages and welcomes your feedback. If you would like to tell us about a positive experience you have had with us, we would love to hear from you. If you have a concern or complaint about any aspect of WA Skills Training services, please explain it to us in detail below and we will examine the issue and do our best to resolve it. We will acknowledge your feedback within five (5) working days of receiving it (if you have provided us with your contact details). If you need help in filling out this form, please call 9724 7823 for assistance.

To help us direct your feedback to the appropriate manager, please tick the relevant boxes:

Feedback type: Complaint Suggestion Compliment OSH issue

Is this issue about **disability**? Yes No

Your name: Mr/Mrs/Miss/Ms: _____ Date: _____

Given name Family name

Your postal address: _____ Postcode: _____

Daytime contact phone number: _____

E-mail address: _____

Name of course you are enrolled in (if applicable): _____

Provide details of your feedback (e.g. where, what, when) in the space below:

Your recommendations/solutions:

Send completed form to:

WA Skills Training
12 Halifax Drive
Bunbury, WA, 6230

This section for WA Skills Training staff use only – receiver please complete

Staff member who initially received CFF: _____ Date: _____

On receipt of any feedback, whether in person, on a feedback form, fax, in a letter, email or via a telephone call please forward any original paperwork to the Compliance Manager.

Please note any actions taken to respond to feedback at this point (if any, please include dates if possible):

Response to customer to this point:

Letter Email Phone Verbal N/A-Anonymous

Date: _____

Any relevant attachments provided?

Once all information is complete please forward this form to:
Compliance Manager, Bunbury Office.

For Compliance use only:

Received by (print name): _____

Signed: _____ Date: _____