

<b>Date Raised</b>		<b>Reason(s)</b> Tick which is appropriate	<input type="checkbox"/> COMPLIMENT <input type="checkbox"/> COMPLAINT <input type="checkbox"/> APPEAL <input type="checkbox"/> GENERAL FEEDBACK
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<b>Initiating person's name</b>	
<b>Postal address</b>	
<b>Contact phone number</b>	

## Details:

<b>Section 1: Details of the compliment, complaint, appeal or general feedback</b>
(Please provide a full description of your feedback (attach any evidence and further details if required))

<b>Section 2a: If your feedback is a <i>COMPLAINT</i>, what action have you already taken?</b>
(Please provide a full description of any action that you may have already taken)

<b>Section 2b: If your feedback is a <i>COMPLAINT</i>, what resolution are you seeking?</b>
(Please provide details of the resolution that you are seeking)

**Section 3: If your feedback is an *APPEAL*, please provide details**

(Please provide details of your appeal)

**Office Use Only (to be completed by bestchance):**

**What is the root cause of the issue?**

(Please provide details of your appeal)

**What corrective action is to be taken?**

(Please provide details of your appeal)

**What preventative action is to be taken?**

(Please provide details of your appeal)

<b>Date written acknowledgement sent</b>		<b>Resolution expected within 60 days?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Date initiator notified of outcome</b>		<b>Date issue resolved</b>	
<b>Has an OFI been identified?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Date team advised</b>	
<b>ECI Team Manager Signature</b>		<b>General Manager E&amp;T Signature</b>	