



Feedback Form

If you wish to complain about any aspect of Fylde Community Link, please use the Complaint Form

Section 1 – Details of Person giving Feedback			
First Name		Surname	
Address			
Contact Number		E-mail address	

Section 2 – Details of Feedback	
Do you wish to be contacted regarding your feedback?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you have answered yes, how do you wish to be contacted?	<input type="checkbox"/> In writing <input type="checkbox"/> By telephone <input type="checkbox"/> By email

Section 3 – Signature	
Signature	
Date	

Please return this Feedback Form to:

Fylde Community Link
 19 Church Road
 Lytham
 Lancashire
 FY8 5LH

For Office Use Only	
Feedback Form received by	
Signature	
Date received	