

1.20 Customer Feedback Form

Customer Feedback is communication from a client or customer advising of their perception and/or experience of a service provided by Workforce Partners Australia. The feedback may be positive or negative (ie a complaint).

PART A – Identification (To be completed by staff member receiving the feedback or by person offering the Feedback)

Category of Feedback: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Other: _____			
Person Completing the Form: _____		Date: _____	
Details / Description of the feedback received:			

The feedback was from (Client /Customer Details):			
Contact/Name: _____		Business _____	
Address: _____			
Town: _____		Postcode: _____	
Telephone: _____		Email: _____	
Type of feedback:			
Written	Type: _____	Verbal	Location: _____ Telephone call
Resolution/Report expected by client? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, due date: _____			
Is there documentation (i.e. copies of correspondence, evidence etc) attached? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Action required: This form is now required to be forwarded to EITHER:			
WPA Officer (name): _____		for <u>follow-up and processing</u> OR	
Relevant Manager (name): _____		if <u>immediate/corrective action</u> is required	

PART B – LOGGING (To be completed by WPA Representative & presented at Quarterly Director/Management Review Meeting)

Date received: _____		Date logged: _____	
Category:	Positive (0)	Minor (1)	Major (2)
Is Issue/Problem Report resolved?	YES	NO	If YES, Issues Log No: _____
Nominated Responsibility:			
Manager Name: _____		Action/Resolution due date: _____	

Instructions:

For Positive Feedback Complete Section C below ONLY

For Negative Feedback / Complaint - Complete Sections C, D, E, F below

Negative Feedback or a Complaint is a report from a customer that their expectations were not met or they were dissatisfied with the service provided, and is generally a matter that requires handling outside of the normal course of conducting business with that customer.

PART C – Investigation (To be completed by the nominated/responsible manager)

What caused the feedback (whether positive or negative/complaint)? _____

Manager name: _____ Signature: _____ Date: _____
For Positive Feedback:
Appropriate staff member/s congratulated and provided with copy of Customer Feedback Form

PART D – Proposed Solution (To be completed by the nominated/responsible manager)

Actions to be taken (How will the complaint be resolved?): _____

Manager name: _____ Signature: _____ Date: _____

PART E – Preventive Action (To be completed by the nominated/responsible manager)

What actions have / will be taken to prevent recurrence of the matter? _____

Manager name: _____ Signature: _____ Date: _____

**PART F – Review of Implementation / Outcome of the Proposed Solution
(To be completed by the nominated/responsible manager)**

Solution tested?	Solution effective?	Yes	No
Date of resolution of feedback (positive or negative): _____			
Preventive Action / Staff Training completed:	Yes	No	N/A
Manager name: _____	Signature: _____	Date: _____	

No	Yes	No
Returned to Dept: _____		
New Report?	Yes	No

PART G – Close (To be completed by a Workforce Partners Australia Director)

Tabled at Director/Management review meeting: Yes No N/A
Originator advised of resolution/outcome: Yes No N/A Date: _____
Signed by Workforce Partners Australia Director as accepted: Yes No N/A Date: _____

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