



M.GAZE

Waste and Resource Management

CUSTOMER FEEDBACK FORM

Date: _____

Feedback: _____

Can we contact you if more information is required? Y / N

Would you like us to follow up with you? Y / N

If 'Y' to either of these questions, please provide your contact details below:

NAME: _____

PHONE NO: _____ EMAIL: _____

Please return form to: mgaze@mgaze.co.uk

OFFICE USE ONLY:

Date received: _____

Staff who actioned the feedback: _____

Action completed: _____