

## Feedback Form

Please indicate if you are making a:

- COMPLIMENT/TESTIMONIAL**       SUGGESTION       COMPLAINT

Is your feedback in relation to:

- A My Mortgage Planner – Mortgage Planner  
 Or My Mortgage Planner Policy or Procedure

If your feedback involves a Mortgage Planner, please provide their name:

\_\_\_\_\_

**Testimonial** (NOTE - This Testimonial maybe used for advertising purposes.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please detail your compliment or complaint: (If there is insufficient space, please attach additional pages):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Should your feedback be a complaint, what is the outcome you seek:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you raised this issue with a Staff Member previously?

- No                                       Yes – if so, please provide details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your Name: \_\_\_\_\_

Your Daytime Phone Number: \_\_\_\_\_

Your Email Address: \_\_\_\_\_

Your Postal Address: \_\_\_\_\_

Thank you for taking the time to provide your feedback. We undertake to contact you (on the basis that you have provided your contact details) within 24 working hours of receiving your completed form.

*FAX TO THE MANAGER 07 5592 0178 OR POST TO P O BOX 8001 GCMC Q 9726*