Meta Centre feedback / Complaint Resolution Form

Name: _____ Date: _____

Contact Information: Phone (H) _____ (C) _____
Email: _____
Address : _____
_____

Nature of the Feedback / Complaint (Provide as much specific detail as possible)

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OFFICE USE ONLY

Name of individual taking information: _____

Date: _____ Location: _____

Form forwarded to : _____ Date: _____

Investigation ☐ Resolution ☐