


<div>Document title:</div> <div>Stakeholder Feedback Form</div>		Document number: PPK-QMS-PR-F-01	
		System: Quality Management System	
Originated by:	Approved by:	Date of revision: 03/01/2023	
Public Relations Officer	Chief Executive Officer	Revision no: 0.0	Page 1 of 1

STAKEHOLDER FEEDBACK FORM

STAKEHOLDER DETAILS

Name of Stakeholder	
Physical Address	
Preferred Contact Details	
Date	

Preferred mode of contact (TICK)	Call <input type="checkbox"/>	SMS <input type="checkbox"/>	WhatsApp <input type="checkbox"/>	Email <input type="checkbox"/>
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Email Address						
Platform used to report (TICK)	Call <input type="checkbox"/>	SMS <input type="checkbox"/>	WhatsApp <input type="checkbox"/>	Facebook <input type="checkbox"/>	Email <input type="checkbox"/>	Other <input type="checkbox"/>

Council Services (Your opinion)	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>
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How can Council improve her services to meet stakeholder needs and expectations?

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FOR OFFICE USE ONLY

Date of Feedback	
Feedback Receiver	
Responsible Officer	
Action	