Brandon Literacy Council Inc. – Feedback Form

Date of Feedback: Year Month Day

Personal Information

☐ My contact information is below.

☐ I wish to remain anonymous.

☐ I am filling this form out on behalf of another individual.

First Name:	**Last Name:**
Phone: (home)	**Phone:** (cell)
Email Address:	
Address:	**City / Province / Postal Code:**

Feedback

Please provide your feedback in the space below (if more space is required, please use the back of this form)**:**			
From your perspective, how urgent is this feedback?	☐ High	☐ Medium	☐ Low
Have you made this feedback before?	☐ Yes	☐ No	

Thank you for taking the time to provide feedback!

We appreciate hearing from you and will review your comments carefully.

Date Received: _____ Received By: _____ Addressed: _____ Results: _____