Feedback Form

CPEC is committed to providing a quality service to all clients and stakeholders. We would love to hear any compliments or suggestions for improvement that you have about our Centre.

Name (*optional*): _____ **Date:** _____

Contact Point (email or phone - *optional*): _____

Please note that while all feedback is read and considered, if you would like to be contacted about your comments please supply your details above.

Please write your feedback here:

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(Staff Use Only)

Recommendations based on feedback (if applicable):

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Date: _____ ***Management Representative's signature:*** _____