

TCA INC. CLIENT FEEDBACK FORM

A reply, explanation or report will be forwarded to the member in reply to this incident.

Name:

Address:

City: Post Code:

Phone/ Fax : Email:

Membership Number:

Details of incident (brief description):

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Please attach detailed log of circumstances involved, if possible, list names of contacts preferably with dates.

Name: Date: / / ... 20 ...

Name: Date: / / ... 20 ...

Name: Date: / / ... 20 ...

Please indicate what the complaint refers to:

- | | |
|-------------------------------|-------------------------------|
| Registrations, transfers, | Customer service & phones |
| titles Receipting and finance | Counter service & sales |
| Secretarial | Delays in supply of |
| Gazette & advertising | documents Prefix applications |
| Shows & events | Delays in replies to queries |

Other, specify:

OFFICE USE ONLY:

Date Received: / /20... Received by:

Details of circumstance and issues pertaining to this incident to be in writing and signed by the staff member or members involved and attached.

Review of incident investigated by: Date: / / 20 ..

Action required:

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Reply forwarded: Date: / / 20... Signature: