



Government of South Australia

SOUTH AUSTRALIAN METROPOLITAN FIRE SERVICE

CUSTOMER FEEDBACK FORM



METROPOLITAN FIRE SERVICE SOUTH AUSTRALIA

SP195A

Please complete the details below:

Date: / /

I would like to.... (please tick) Give a compliment Provide feedback Make a complaint

Compliments and Feedback:

1. If you chose 'Give a compliment' or 'Provide feedback' above, please provide as much detail as you can (e.g. who, what, where, when, why) so we can pass the information on to the relevant personnel.

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Make a Complaint:

2. If you chose 'Make a complaint' above, please explain what happened.

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When did this happen? (dd/mm/yyyy) Date: / / Approximate time: am /pm

Where did it happen?

Other people involved / witnesses (if applicable)

3. Have you reported this matter to anyone else? (please tick) Yes No

If so, please provide further details

4. Additional information for consideration:

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5. What outcome are you expecting?

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Your Details:

6. Do you want to be notified about the result or contacted if we need more information? *(please tick)*

Yes, I want to be contacted No, I don't want to be contacted

If you chose 'Yes' above, please enter your details below:

First name: Surname:

Street Address:

Suburb: Postcode:

Contact telephone number/s:

Email address:

Your preferred method of contact: *(please tick)* Mail Email Telephone

Privacy and your personal information:

(please tick to confirm your agreement with the declaration below)

I declare that the information provided in this Customer Feedback form is true and correct to the best of my knowledge. I acknowledge that the information provided in this Customer Feedback form may be used by the South Australian Metropolitan Fire Service (MFS) for reporting purposes, monitoring and evaluation, in accordance with privacy laws.