

# CEHL FEEDBACK FORM

Your Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

What is your feedback about?

- |   |   |
|---|---|
| <input type="checkbox"/> Suppliers, Trade or Contractor | <input type="checkbox"/> Renter or co-op members    |
| <input type="checkbox"/> CEHL                           | <input type="checkbox"/> Annual Rent Review by CEHL |
| <input type="checkbox"/> A co-op                        | <input type="checkbox"/> Other                      |

If Other please give details: \_\_\_\_\_

Name of the person, co-op or organisation you want to provide feedback on (if known):

\_\_\_\_\_

Type of feedback

- |   |  |
|---|--|
| <input type="checkbox"/> Complaint                    | <input type="checkbox"/> Positive Feedback               |
| <input type="checkbox"/> Negative or General Feedback | <input type="checkbox"/> Question or Seeking Information |

Please provide details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you like the CEHL team to contact you about this matter:

- Yes  No

Please return this form to: CEHL Feedback Team  
PO Box 504  
Carlton Vic 3053

