## WHITEMAN PARK

## CUSTOMER FEEDBACK FORM

Whiteman Park is committed to improving our services. If you have any comments or feedback, please fill in this form and return it to us. Thank you. Nature of contact: ☐ Suggestion ☐ Compliment ☐ Complaint ☐ Request for Service ☐ Feedback **Contact Details** Please enter your contact details below: Name: **Telephone number:** Mobile: Address: Postcode: Email: **Summary of Issue** Please briefly explain the issue below and attach copies of relevant documentation if applicable. Name of area/staff member this pertains to (if known): Date of incident (if applicable): **Date of report:** ☐ Yes Have you previously contacted us about this issue? If yes, please give details: What outcome are you seeking?







Do you have a disability, injury or language barrier that is likely to require alternative contact from Whiteman Park?								
Telephone Typewriter ☐ Ye	s 🗆 No	Interpreter	Service		Yes	□ No		
If you are writing on someone else's behalf, please fill in their details below:								
Name:								
Telephone number:		Mo	bile:					
Address:								
Email:								
Your relationship to complainant (eg. brother, mother, friend):								
Has the complainant given their permission for you to lodge this feedback issue on their behalf? (please tick) $\Box$ Yes $\Box$ No								
Signed:		Date:						
<b>.</b>								
Please complete and then return this form to the Visitor Information Centre in the Village, or post/fax/email it to:								
Post: Business and Marketing Te Whiteman Park Lot 99 Lord Street WHITEMAN WA 6068	eam Leader							
Fax: 08 9249 3510 or Email: enquiries@whitemanpark.com (Attn: Business & Marketing Team Leader)								
OFFICE USE ONLY								
Reporting Officer:								
Nature of contact: ☐ Teleph	one 🗆 En	nail	☐ In-pe	erson				
Date reported:		Time repoi	rted:					
Details of action taken:								•••
Job allocated to:				Date:				
Customer Feedback File Reference	ce No.:			·				





