

Feedback Form

Please indicate if you are making a:

COMPLIMENT/TESTIMONIAL SUGGESTION COMPLAINT

Is your feedback in relation to a:

- Drexel Finance Staff Member
- Drexel Finance Loan Consultant
- Drexel Finance Policy or Procedure

If your feedback involves a Staff Member or Loan Consultant, please provide their name: _____

Testimonial (NOTE - This Testimonial maybe used for advertising purposes)

Please detail your compliment or complaint: (If there is insufficient space, please attach additional pages):

Should your feedback be a complaint, what is the outcome you seek:

Have you raised this issue with a Staff Member previously? No Yes – if so, please provide details:

Your Name: _____

Your Daytime Phone Number: _____

Your Email Address: _____

Your Postal Address: _____

Thank you for taking the time to provide your feedback. We undertake to contact you (on the basis that you have provided your contact details) within 24 working hours of receiving your completed form.

FAX TO THE DIRECTOR 07 5526 0671OR POST TO P O Box 3320, Australia Fair Q 4215