



COMPLIMENTS/SUGGESTION FORM

Please use this form if you wish to make a compliment about Link Support. Please feel free to add additional pages or information.

Your details

| | |
|-------------------|--|
| Full Name: | |
| Address: | |
| | |
| Post Code: | |
| Telephone Number: | |
| Email: | |

Your compliment/Comments/Suggestions

Please give details about your compliment in the space below. It will help us if you can provide any relevant dates, and the name of any member(s) of Link Support staff that you have been dealing with.

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| Signature | | Date | |

The information you give will be processed and kept on files for the purpose of looking into your compliment and will be shared with others within Link Support as appropriate.

