

CONSUMER FEEDBACK FORM
Email: ztorres@cfceinc.org or Fax (305) 623-7893

How Do We Reach You?

First Name: _____ Last Name: _____

Street Address: _____ City: _____ FL Zip: _____

Telephone #: _____ E-Mail Address: _____

Client's Name: _____

Your Relationship to Client: _____

Tell Us Your Feedback...

Subject of Your Feedback: _____

Name of Person/Service You are giving Feedback About: _____

Explain Your Feedback:

Requested Action:

If you need more space to write, use the back of the page.

Signature: _____ Date: _____

If you need assistance in completing this form, please contact the Quality Improvement Department at (305) 624-7450.
Please submit/mail this completed form to:

Quality Improvement Department
Center for Family and Child Enrichment, Inc.
1825 NW 167 Street, Suite 102
Miami Gardens, FL 33056
Fax: (305) 623-7893