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