**CUSTOMER/PUBLIC FEEDBACK FORM**

Thank you for taking the time to provide us with your feedback. We take all feedback seriously, and will treat your feedback with the respect and courtesy you deserve.

Complaints, compliments, general feedback, and suggestions are a vital part of the sustainable operations and development of Spencer Gulf Coaches and the Port Pirie Bus Service, and provide us with the opportunity to meet and exceed our goal of providing excellent customer service within our community.

In the event that we receive a complaint, we will acknowledge your feedback within 2 business days, and seek further details or clarification if required. If we are unable to provide a satisfactory response and/or resolution within that timeframe, we commit to further investigating and reviewing your complaint, and providing you with a response and/or resolution within 10 business days.

In the event that we receive a compliment, we will acknowledge your feedback within 2 business days, and seek further details or clarification if required. We will then pass your feedback on to the relevant staff member(s) directly, and share your positive feedback with the team more broadly.

In the event that we receive general feedback or suggestions, we will acknowledge your feedback within 2 business days, and seek further clarification if required. We will then review your feedback or suggestion, action if appropriate, and add it to our feedback register to identify any patterns or recurring themes that we may be able to implement in the future.

Please fill out the details in the spaces provided below, and email to [accounts@spencergulfcoaches.com.au](mailto:accounts@spencergulfcoaches.com.au) and thank you once again for taking the time to provide your feedback.  
 **CUSTOMER/PUBLIC DETAILS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Title (Mr, Mrs, Ms etc) |  | Family Name (Surname) |  | Given Name(s) |
|  |  |  |  |  |
| Address |  |  |  |  |
|  | | | | |
| Contact Number | | Email Address | | |
|  | |  | | |
| Date of Incident | | Time of Incident | | |
|  | |  |  | |
| Driver/Staff Member name (if known) | | |  |  |
|  | | |  | |
| Bus/Route/Location Details (if known) | | |  | |
|  | | | | |
|  | | |  | |

**DETAILED COMPLAINT, COMPLIMENT, FEEDBACK OR SUGGESTION DESCRIPTION**

|  |
| --- |
|  |

**OFFICE/INTERNAL USE ONLY**

|  |  |
| --- | --- |
| **Feedback Acknowledged (Date)** |  |
| **Feedback Register No:** |  |
| **Further details Required?** |  |
| **Feedback Investigated (Date)** |  |
| **Investigation/Review Result Summary**  **(Details and Date)** |  |
| **Action(s) Taken (Details and Date)** |  |
| **Feedback Response (Date)** |  |
|  |  |