**Client feedback form** **IP09F2**

|  |
| --- |
| Please use this form for suggesting improvements to INAB processes or for providing positive feedback. |
|  |
| **Reporting client *(optional):*** |  | **Reg/ref number *(optional)*** |  | ***Date*** |
|       |       |       |
|  |
| Feedback/suggestion for improvement: |
| Feedback category: [ ]  Visit [ ]  Policy [ ]  Other |
|       |
| Note that if the feedback concerns INAB’s CRM, any re-development or system changes to the CRM take time, so it could be months or longer before users can see those changes live in the system. |
|  |
| Email address for response *(optional):* |
|       |