



# CUSTOMER FEEDBACK FORM

CORPORATE PLUMBING  
SYSTEM

Name: (optional)	_____			
Company: (optional)	_____			
Telephone: (optional)	(    )	_____	Ext:	_____
My Feedback Is A:	<input type="checkbox"/> Suggestion	<input type="checkbox"/> Compliment	<input type="checkbox"/> Complaint	<input type="checkbox"/> Other
My Feedback Relates To:	<input type="checkbox"/> Order taking	<input type="checkbox"/> Order fulfillment	<input type="checkbox"/> Order delivery	<input type="checkbox"/> Other
	<input type="checkbox"/> Order billing	<input type="checkbox"/> Customer relations	<input type="checkbox"/> Purchases	
Order #:	_____		Order Date:	_____
Feedback:	_____			
<input type="checkbox"/> I Do Not Wish To Be Contacted Regarding This Feedback				