## Port Macquarie Museum - CUSTOMER FEEDBACK FORM

Please use this form to give us your suggestions, feedback or complaints. They are important to us.				
1. This feedback is a	☐ Suggestion	☐ Compliment	☐ Complaint	☐ Information
2. When did you visit o	or engage with us?	Date:		
3. Please write details		here (attach additional		
4. Please provide your	contact details if	you would like us to re	espond to you:	
Name:				
Address:				
City/Town:			Postcode:	
Daytime Phone Numb	er:			
Email Address:				
Your feedback is imp		know what we are do	oing right and where w	e can improve.
Complaints are equally to address them as so	· -			•
Information is always v	welcome and help	s us to improve our ex	hibitions, interpretatio	n and records.
To send your feedback	k, you can comple	te this form and hand	it to a staff member, o	r
Mail it to: Port Macqua Email it to: portmuseur		Box 82, Port Macquari	e, NSW 2444, or	
Confidentiality Any information we gaused for any other pur	•	eedback process is us	ed for service improve	ement and will not be
Office Use Only: Date	e received:			