



FEEDBACK FORM

Directions: Please complete all the sections except the gray one at the bottom of the page. Mail or fax the form to Consumer Direct.

Name: _____ **Date:** _____
(please print)

You are a (please check): Employee Consumer Agency Other

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: _____ **Email:** _____

Please check the box that applies: **Compliment** **Suggestion** **Complaint**
Would you like us to contact you? **Yes** **No** **If yes, how:** **phone** **email** **mail**

Please describe the compliment, suggestion or complaint:

Please mail, fax or drop off this completed and signed form to:

Consumer Direct
8701 Shoal Creek Blvd., Suite 303
Austin, Texas 78757-6809
Toll Free Fax: 1-866-409-5389

For Consumer Direct Office Use:

Date received: _____ **(This form must have a received date stamp)**
Actions Taken: Resolved Scanned and submitted via email to CDMS Quality Improvement
Action Plan: (Please use back of this form)

Consumer Direct Signature Date Printed Name