

QF129	CUSTOMER REVIEW FORM
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Customer Name:

Date of Review:

Is your roster correct? Any changes needed?

Do you have enough staff on your team? Would you like more Meet & Greets?

Any other feedback

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Office Use:

CRO	Progress note entered	
CRO	Handover to SDT	
SSDO	Meet & Greet arranged	
SSDO	Roster changes actioned	
SSDO	Changes made as needed	
SSDO	Appropriate Feedback, WHS OR CI form submitted re feedback received	