



Complement and concern form 意見表

Detail of receipt of complement/concern 接收表揚/意見詳細內容

Date of complement/concern 提議日期: _____ Time 時間: _____

Complement/concern received by 接收意見者: _____

Method by which complement/concern made 提議方式:

Phone 電話 in person 面對面 letter 信件 Email 電郵

Detail of the person making the complement/concern

個人資料

Name 姓名: _____

Address 地址: _____

Phone 電話: _____ Mobile 手提: _____

Details of complement/concern 表揚/問題詳細內容

For office use

Follow up

Name of person follow up: _____ Position: _____

Date: _____ Time: _____

Complaint acknowledgement letter sent? Yes Date: _____ No

Action taken _____

Outcome

Was this matter satisfactorily resolved? Yes No

If no, what other actions has been taken?

Was letter of outcome sent to person making complaint?

Yes Date: _____ No N/A

Was this matter placed in meeting agenda?

Yes Which meeting? _____ No N/A

Has the appropriate government authority been notified? Yes No N/A

If yes, please specify name of Government Department notified:

Date: _____ By whom: _____