FEEDBACK FORM

Name of person sending Feedback Form:	**Feedback Form Ref No:**
Contact phone number:	
Email address:	**Date Sent:**

PLEASE TICK TYPE OF REQUEST

☐ **Proof of Delivery Required** ☐ **Damage/Partial Loss** ☐ **Other**

Please fill in this section for all enquires

Date of Consignment:	
CFD Consignment Note Number:	
Store Name:	

PROOF OF DELIVERY

Reason for POD: ☐ Lost Consignment ☐ Other _____

SYSTEMS IMPROVEMENT

Reason for System Improvement:

☐ Partial Loss ☐ Damage ☐ Other

Description of Issue:

Action Required: Pick up stock ☐ POD(fill in as above) ☐ No action required ☐

Action Taken:

Issue Agreed ☐ Issue Declined ☐ POD Attached ☐ Stock Levels adjusted ☐