

FEEDBACK FORM



Name: _____

Address: _____

State/Province: _____ Postcode: _____

Country: _____ Telephone: _____

Email: _____

Are you lodging a complaint on behalf of someone else (Yes/No)? _____

(If 'yes' we may need to contact the complainant for his or her permission to liaise with you.)

Details of the complaint *(please give us enough information to start our investigation, be specific and ensure information is relevant. Attach further pages if necessary):*

What would you like Australian Doctors for Africa to do about this?

Thank you for taking the time to provide us with this information.
Please forward this form to: ADFA CEO (ceo@ausdocafrica.org)
or ADFA Chair (chair@ausdocafrica.org).