

FEEDBACK FORM

Date:

ESV reference (if applicable):

YOUR DETAILS (OPTIONAL)

Name:		Phone:
Mobile:		Email:
Address:		Suburb:
State:	Postcode:	Preferred Contact (e.g. Phone):

BRIEF DESCRIPTION OF YOUR INTERACTION WITH ESV

Please rate the experience you had when dealing with Energy Safe Victoria. 1 indicates complete disagreement and 7 indicates total agreement with the statement. Please circle only one number for each question.

Service provided to me was courteous, friendly and professional.	1 (disagree)	2	3	4 (neutral)	5	6	7 (agree)
Information provided to me was accurate and useful.	1 (disagree)	2	3	4 (neutral)	5	6	7 (agree)
The enquiries or complaints I had were handled to my satisfaction and in a timely manner.	1 (disagree)	2	3	4 (neutral)	5	6	7 (agree)
In future I would contact ESV in relation to electricity, gas or pipeline technical compliance issues and safety concerns.	1 (disagree)	2	3	4 (neutral)	5	6	7 (agree)