

Licensing & Regulation Division Customer Feedback Form

Please fill in all fields marked by **bolded text**.

1. Customer Details

Family Name
(Surname) _____

Given Name(s) _____

Title (Mr, Mrs etc) _____

Licence Number (if applicable) _____

Postal Address _____

Suburb _____

Postcode _____

Home telephone _____

Business telephone _____

Mobile _____

Email address (if applicable) _____

2. Details of service provided (to establish context)

Date of service

Description of the service being provided (e.g. application for a type of licence or permit)

3. Details of the feedback

4. What would you recommend to occur in response to your feedback?

Post/email completed feedback forms to:

Complaints Coordinator
Licensing & Regulation Division
GPO BOX 2807
Melbourne 3001

feedback.lrd@police.vic.gov.au