Please Submit to: Feedback or townadmin@townofbristolnh.org

Town of Bristol (603) 744-2521 fax

5 School Street

Bristol, NH 03222

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Feedback Incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Person Providing Feedback: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Your Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you like to see something improved? Have a suggestion for us? Want to pay a compliment to an employee for a job well done?

Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

Feedback Taken By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Feedback Forwarded To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Action Taken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Resident Advised: YES NO

Date Feedback Loop Closed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_