



FEEDBACK FORM

**Directions: Please complete all the sections except the gray one at the bottom of the page.
Mail or fax the form to Consumer Direct for Wisconsin.**

Name: _____ Date: _____
(Please Print)

You are a (Please check): Member Employee Agency Other _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Please check the box that applies: Compliment Suggestion Complaint

Would you like us to contact you? Yes No If yes, how: phone email mail

Please describe the compliment, suggestion or complaint:

Please mail or fax completed form to: Consumer Direct
744 Ryan Drive Suite 201
Hudson, WI 54016
Toll Free Fax: 1-877-785-9992

For Consumer Direct Office Use:

Date Received: ____ / ____ / ____ Signature: _____

Action Taken: Resolved Not Resolved Submitted to Program Manager

Plan: (Please use back of form)