

# Feedback Form

Feedback Log # \_\_\_\_\_  
Number of Pages Attached: \_\_\_\_\_

## Section 1 – Receipt of Feedback

Originator _____	Date _____
Received By _____	Written Feedback Attached <input type="checkbox"/>
Short Description of the Feedback:  	
<input type="checkbox"/> Complaint resolved by MOTIVA staff member?	Or <input type="checkbox"/> Passed to QM? _____
Investigation assigned to _____	QM's Initials _____

## Section 2 – Investigation of Facts for Complaints (If this is a Compliment, go to Section 3)

Investigator _____			
Governing Reference _____ in MOTIVA QM <input type="checkbox"/> or applicable standard <input type="checkbox"/>			
Has the complaint been substantiated?	Yes - <input type="checkbox"/>	No - <input type="checkbox"/>	<b>NB: MOTIVA must take some action if there are any "yes" responses.</b>
Is MOTIVA Training's credibility affected?	Yes - <input type="checkbox"/>	No - <input type="checkbox"/>	
Would the underlying condition result in a non-conformance?	Yes - <input type="checkbox"/>	No - <input type="checkbox"/>	
<u>Suggested course of action</u>			
<input type="checkbox"/> Incident and Deviation Report (IDR) raised			
<input type="checkbox"/> Other? _____		<input type="checkbox"/> IDR Number _____	
Investigator's Signature _____		Date _____	

## Section 3 – Action Taken (this section is completed whether or not complaint is resolved)

<b>Compliment</b>	
Date Principal was notified: _____	Date compliment was published _____
<b>Complaint</b>	
Date complainant was notified _____	
<b>Completion</b>	
Date feedback action reviewed by QM _____	Final review level (position) _____
Initials of final level review _____	Date feedback action was closed _____