Feedback Form

Welcome to icddr,b. Your feedback is important. Your comments help us improve the quality and safety of our services.

Date of visit:		Time of visit:	
Type of Feedback:	☐ Concern ☐ Suggestion ☐ Compliment ☐ Others		

Your Information

Name:	Contact number:	E-mail Address:
Representative of	☐ Pharmaceuticals ☐ Laboratory/Hospital ☐ Healthcare professional ☐ Visitor	☐ University faculty ☐ Student ☐ Others ……
Service received as:	☐ Bio-assay ☐ Lab Animal ☐ Animal Blood ☐ Animal model research work ☐ Training ☐ Others ……	

Description of the compliment, suggestion, or concern:
…… Signature

Please leave at site of service or in the feedback box.

For Office Use Only:				Feedback No.
Date received:	Date of response:	Action taken:	☐ Yes	☐ Not Required

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