

**CONSUMER FEEDBACK FORM**  
Email: [ztorres@cfceinc.org](mailto:ztorres@cfceinc.org) or Fax (305) 623-7893

**How Do We Reach You?**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ FL Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Client's Name: \_\_\_\_\_

Your Relationship to Client: \_\_\_\_\_

**Tell Us Your Feedback...**

Subject of Your Feedback: \_\_\_\_\_

Name of Person/Service You are giving Feedback About: \_\_\_\_\_

**Explain Your Feedback:**

**Requested Action:**

*If you need more space to write, use the back of the page.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you need assistance in completing this form, please contact the Quality Improvement Department at (305) 624-7450.  
Please submit/mail this completed form to:

Quality Improvement Department  
Center for Family and Child Enrichment, Inc.  
1825 NW 167 Street, Suite 102  
Miami Gardens, FL 33056  
Fax: (305) 623-7893