

Leaflet Feedback Form
Community Services



Name of Leaflet:	Leaflet Reference:
What are your thoughts on the content of the leaflet?	
What are your thoughts on the design/ look and feel of the leaflet?	
Have we left anything out?	
How could the leaflet be improved?	
Any other comments?	
Would you like any more copies? If so how many?	
Your Name: Organisation: Address:	Date: