

FEEDBACK FORM

COOK SHIRE COUNCIL RECONCILIATION ACTION PLAN

Section 1 - Respondent's Details *(optional - you may remain anonymous if you wish)*

Name:

Organisation:

Postal Address:

Locality: State: Postcode:

Mobile: Email:

Section 2 - Feedback

Please leave your feedback regarding the Cook Shire Council Reconciliation Action Plan below:

Signature: Date:

OFFICE USE ONLY	
Received by CSC Officer:	Date: