



FLORIDA FISCAL EMPLOYER AGENT
FEEDBACK FORM

**Directions: Please complete all the sections except the gray one at the bottom of the page.
Mail or fax the form to Consumer Direct.**

Name: _____ Date: _____
(Please Print)

You are a (Please check): Participant Direct Service Worker Agency

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Please check the box that applies: Compliment Suggestion Complaint

Would you like us to contact you? Yes No If yes, how: phone email mail

Please describe the compliment, suggestion or complaint:

Please fax completed form to:

Consumer Direct for Florida
Toll-Free Fax: 1-877-344-0999

For Consumer Direct Office Use:
Date Received: ____/____/____ Signature: _____
Action Taken: Resolved Not Resolved Submitted to Program Manager
Plan: (Please use back of form)