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|  | Customer Feedback Form | | |  | | | |  |
|  |  | | | | | Date: |  |  |
| Customer Name: | |  | | | | |
| Customer Phone Number: | |  | | | | |
| Customer Comments/Feedback: | | | | | | |
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| Receiving Staff Name: | |  | | | | |
| Manager Name: | |  | | Date: | |  |
|  | Additional Comments: | | | | | | |  |
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