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| (insert your logo here) | **Feedback collection form** |
| Name of the volunteer / Personal: |
| Place: | Date: | Feedback number:  |

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| Name of community member: |
| Gender: | Mobile number: |
| Age group: | (any other information you consider necessary): |
| Community feedback(make sure to answer the following questions: Who? What? When? Where?) |
| ¿Is it a sensitive feedback (protection, fraud, etc.)? Yes ⬜ No ⬜  |
| Were you able to respond directly?: Yes ⬜ No ⬜  |
| Expected actions / e.g. an internal referral is needed |
| Referral to any other ONG / UN Agency (indicate which one): Yes ⬜ Referral to: |