

Client Feedback Form

We want to serve you better and are committed to continuously improving our client service standards. To do this, let us know what you think.

Please return this form to the Client Feedback Coordinator (address below).

Your details

Full name Date of birth / /
DD MM YYYY

Postal address State Postcode

Best contact no. Best time to contact

Email

Note: Please select preferred contact address: Postal Email

What type of feedback would you like to give us?

Compliment for our service or processes Complaint about our service or staff Suggestion to improve our service

When you received this service, what did it relate to?

Penalty Notice No.* Time to Pay Order No.*
 Overdue Fine No.* Other No.*

*Reference number optional

Please provide your comments

(If you need more room, please attach additional pages to this form)

Thank you for taking the time to tell us what you think. You can post or email your feedback to:

Client Feedback Coordinator

Revenue NSW
GPO Box 4042
Sydney NSW 2001
Website: www.revenue.nsw.gov.au

Privacy statement

Information collected from you for the purpose stated on this form may be provided to third parties with your consent or as required or permitted by law. Revenue NSW will correct or update your personal information at your request. Read more about privacy at www.revenue.nsw.gov.au