MICHAEL'S SUPA IGA

FEEDBACK

Date: |___|___| |___|___| |___|___|

Dear customers, we are keen to hear from you any feedback that can assist us in running our supermarkets and our Rewards Program. Please take a few moments to fill out this form if you have an idea, or an issue that you would like us to attend to.

The issue is_____

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Optional

Customer name _____***Phone***_____

The store that you are referring to

Leongatha |___|	***Korumburra*** |___|	***Highway Liquor*** |___|
Ph: (03) 5662 6606 Fax: (03) 5662 4607 ***michaelsigal@bigpond.com***	Ph: (03) 56540555 Fax: (03) 5655 2675 ***michaelsigak@bigpond.com***	Ph:(03)5662 5445 Fax: (03)5662 4337 ***michaelsigah@bigpond.com***

OFFICE USE ONLY
ACTION TAKEN_____

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_____

Time: _____***Date:*** _____ ***By:*** _____

Fax To Head Office 9585 4297
Email: michaelsiga@bigpond.com