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|---|-------------------|
| Have you examined the entire work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, which parts did you read/listen to/view? | |
| What are some good or positive things you found in this material? | |
| What do you think might be the consequence of reading/viewing/listening to this material? | |
| Do you have alternate material to suggest? | |
| How would you like your concern resolved? | |
| Customer Signature | |
| | Date (DD/MM/YYYY) |

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|---------------------------|--------------------------|
| Internal Use Only: | |
| Date (DD/MM/YYYY) | Received by Staff Member |

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