



CUSTOMER FEEDBACK FORM

| Your Details | |
|--------------------------------|--|
| Name | |
| Address | |
| Telephone Number | |
| Email Address | |
| Taxi Operator Details | |
| Name | |
| Telephone Number | |
| Website (If Applicable) | |
| Trip Information | |
| Date of Trip | |
| Approximate Time of Trip | |
| Collected From | |
| Taken To | |
| Vehicle Registration Number | |
| Licence Number or Plate Number | |
| Drivers Name (If Known) | |
| Method of Booking | |
| Feedback | |

Once you have completed this form please email to info@fair4all.org.uk or post to Fair4All Feedback, BuDS, The Clare Charity Centre, Wycombe Road, Saunderton, Bucks. HP14 4BF

For more information please call 01494 568864 (24 hour answerphone if not staffed)

BuDS will never share your name and other personal details with anyone unless you specifically agree to this. Your personal data will be processed and held in accordance with the Data Protection Act. BuDS is a registered data controller under the Act. By returning this form, you agree to the Fair4All Feedback terms and conditions which can be found [here](#).