gapiii cONTAINMENT CERTIFICATION

Feedback FORM

DATE:

YOU ARE A:

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| --- | --- | --- | --- | --- | --- | --- |
|  | **NAC** |  | **PEF** |  | **Other. Please specify:** | |
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THIS FEEDBACK IS A:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Suggestion** |  | **Compliment** |  | **Complaint** |

**COMMENTS/FEEDBACK:**

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|  |

If response from us is requested, kindly provide us with your contact information:

| **CONTACT INFORMATION** | |
| --- | --- |
| Contact person, NAME: | Contact person, POSITION: |
| Company, NAME: | Company, ADDRESS: |
| Contact person, TELEPHONE: | Contact person, EMAIL: |

Feedback may be submitted to WHO: containment@who.int

**THANK YOU FOR YOUR FEEDBACK**