**Documenting consumer feedback**

Keep this with your final version of your resource as evidence of review.

**Name of resource:**

**Document number (if applicable):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of feedback** | **Who it was from** | **Comments** | **Action in response to feedback (if no action, state rationale behind decision)** |
| e.g., 11/12/21 | Consumer of renal services | Text too small | Increased text size  |
| e.g., 12/12/21 | Nurse working in renal services | Missing information about when to seek emergency care | Added “[insert added text]” |
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