

****WQXR Feedback Submission Form****

****Name:**** [Your Name]

****Email:**** [Your Email Address]

****Listener Membership Number (if applicable):**** [Your Membership Number]

****Date:**** [Date of Submission]

****Feedback Type:****

- ☐ Compliment
- ☐ Suggestion
- ☐ Report a Problem

****Subject:**** [Brief summary of your feedback]

****Message:****

[Your detailed feedback or comments here. Please include specific details, and if you're reporting a problem, mention what you were doing when it occurred.]

****Would you like a response?****

- ☐ Yes
- ☐ No

****Preferred Contact Method:****

- ☐ Email
- ☐ Phone

****Phone Number (if applicable):**** [Your Phone Number]

****Thank you for your feedback!****