



## Client Feedback Form

Participant Name: \_\_\_\_\_

Participant Contact number: \_\_\_\_\_

**OR**

I wish to remain anonymous

Relationship to the participant:

Self     Spouse     Parent     Legal Guardian     Carer/Support Worker

Person you were dealing with: \_\_\_\_\_

Item you were fitted/received: \_\_\_\_\_

Complaint / Comment / Suggestion:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Important Notice:** Complaints received by SSS Prosthetics & Orthotics are confidential records and will not be released to any third parties, except the privacy owner or authorised representative. We will be in contact within 5 business days to discuss your complaint/suggestion.

Office Use:

Date received: \_\_\_\_\_

Received by: \_\_\_\_\_