**FEEDBACK FORM**

**Details**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name:** |  | | | **Date:** | |  |
| **Company:** |  | | | **Phone/Mobile:** | |  |
| **Email:** | | |  | | | |
| **Compliment** | | **Suggestion** | | | **Complaint** | |

**Please select what you would like to comment on**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Facilities** | **Wait Time** | **Medical Treatment** | **Staff Member** | **Other** |

**Please select a service**

|  |  |  |
| --- | --- | --- |
| **Medical appointment** | **Pre-employment Medical** | **Physiotherapy** |
| **Rehabilitation** | **Hand Therapy** | **Fitness For Work** |

**Compliments/Compliant details**

|  |
| --- |
|  |

**Suggestions**

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| --- |
|  |

**REDIMED appreciates your feedback and we aim to constantly improve your experience and our services provided.**

**OFFICE USE ONLY**

|  |  |  |  |
| --- | --- | --- | --- |
| **Complaint received by:** |  | **Date:** | / / |
| **Team Leader:** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Non Urgent** | **Urgent** | **Priority** | **Critical** |

**Action Taken**

|  |
| --- |
|  |

**Action Required**

|  |
| --- |
|  |

**Response sent to company/ client**

|  |  |  |
| --- | --- | --- |
| **Email** | **Phone Call** | **Face to Face** |

**Please ensure that all feedback has been entered into the tracking system for monitoring and actioning purposes.**