



**SPECIALISED**  
WHEELCHAIR COMPANY

# CUSTOMER FEEDBACK FORM

Please email completed form to: [info@swco.com.au](mailto:info@swco.com.au)  
or post to: **Specialised Wheelchair Company**  
Unit 1, 33-35 Lower Gibbes Street  
Chatswood NSW 2067

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

## CLIENT DETAILS

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Feedback left by (if not client): \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## FEEDBACK DETAILS

Details of Service Provided: \_\_\_\_\_  
and/or

Staff Member Involved: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Location: \_\_\_\_\_

Feedback details:

## STEPS ALREADY TAKEN TO RECTIFY COMPLAINT

## PROPOSED RESOLUTION

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

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

Relationship to Client: \_\_\_\_\_

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

## DETAILS OF ANY EVIDENCE

Details of any evidence: \_\_\_\_\_

Don't forget to include all documentation to validate your feedback.

## OFFICE USE ONLY

Form Accepted by: \_\_\_\_\_

Designation: \_\_\_\_\_

Signature & Date: \_\_\_\_\_



Unit: 1/33-35 Lower Gibbes Street  
Chatswood NSW 2067  
9905 5333 | [info@swco.com.au](mailto:info@swco.com.au)  
[www.swco.com.au](http://www.swco.com.au)