### Feedback Form

Emprise Mobility is committed to providing high quality products and services. Please let us know what we do well and where we can improve our services.

We love to hear when we get something right or if you had a particularly positive experience. It is an

opportunity to provide positive feedback on the business, a product or a staff member, and we'd like to encourage it.

If you have a complaint, we are sorry that you are unhappy. Please let us understand the issue and see how we can help.

Date

What t	tvpe	of	feedback	do	vou	have?
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Compliment

Complaint

Suggestion

• If this is a complaint, how urgent is it that we respond/take action:

Urgent – it is significantly impacting my health and well-being

Soon - but not urgent

No rush, but I do need it fixed

No action required; just providing feedback

Do you want to remain anonymous?

Yes

No

If you choose to remain anonymous, Emprise Mobility will action your feedback but will not be able to respond to you directly. (If you wish to remain anonymous please proceed with Section 2, and complete Sections 2 through 4)

Are you providing feedback on behalf of someone else or regarding someone else?

Yes	No

#### LET US KNOW YOUR DETAILS

First Name Last Name

Postal Address

Home Number Mobile Number

**Email Address** 

ID Number (e.g. NDIS Participant ID, DVA Card Number)

How would you prefer we contact you regarding this matter?

Phone Email Letter (mail)



## Feedback Form

#### DETAILS OF THE GOODS OR SERVICE

 Please provide as many details as you can about the goods or services about which you are providing feedback.

Date of purchase or service

Location at which the purchase was made

Invoice Number (if applicable)

Product and/or service

#### PLEASE PROVIDE YOUR FEEDBACK

 Please provide details of your feedback, including what events led to making the complaint, compliment or suggestion, approximate dates and who was involved

# WHAT OUTCOMES WOULD YOU LIKE AS A RESULT OF PROVIDING YOUR FEEDBACK?

#### **PRIVACY**

Emprise Mobility is committed to protecting your privacy. We collect and handle personal information that you provide on this feedback form for the purpose of investigating and responding. Emprise Mobility will only use your information in accordance with relevant privacy and other laws.

Thankyou for taking the time to provide feedback about our products and services. You can lodge this form at any of our stores or:



Post Emprise Mobility
5 Sobek Pass, Bibra Lake WA 6163



Email mobility@emprise.com.au

If you have provided your contact details, we will be in touch shortly.

