

Your feedback

Please provide your feedback below.

Please indicate on a scale of 1 – 5 how satisfied you were with the service from your therapist?

1 – Well below expectation, 2 – Below expectations, 3 Met Expectation, 4 - Above expectations, 5 – Well Above expectation

Please mark with a X	1	2	3	4	5
Communication					
Preparation					
Timeliness					
Service					
Therapy Supports					
Knowledge					
Relationship					

If you require more space please attach a separate page



About Down South Therapy Services

We are a family centred mobile practice with a team of qualified and highly experienced Occupational Therapists, Speech Pathologists and Physiotherapists servicing the South Metropolitan of Perth, the Eastern Corridor and the greater Peel Region.

Feedback Form Address
PO Box 8283
Warnbro WA 6169

South Metropolitan, Eastern corridor, Peel region



www.downsouththerapy.com.au



DOWN SOUTH THERAPY
SERVICES

Speech Pathology - Occupational Therapy - Physiotherapy

Enhancing Abilities



Customer feedback



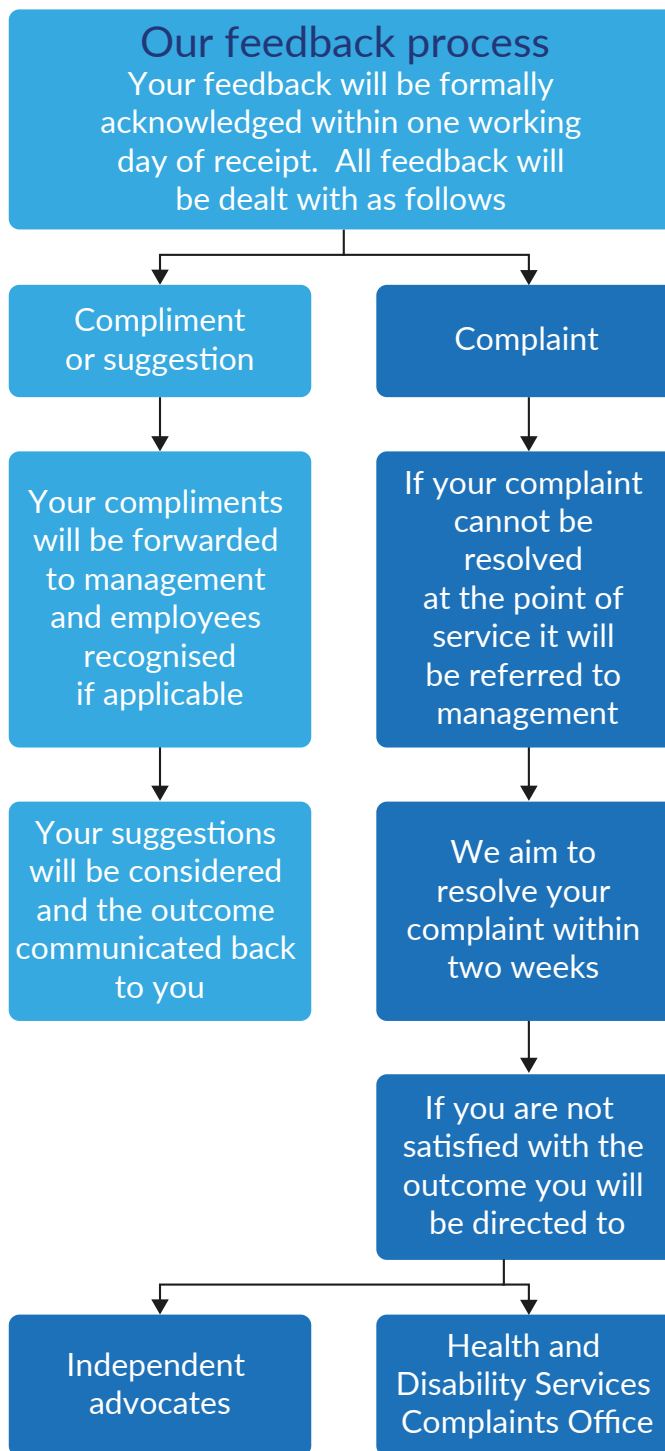
Your feedback

Down South Therapy Services are dedicated to providing excellent customer service. Your comments about things we are doing well and areas for improvement are greatly appreciated and will be treated in confidence.

How you can provide feedback:

- Complete the form in this brochure and return via mail in a sealed envelope to - PO Box 8283, Warnbro WA 6169
- Email a completed feedback form to admin@downsouththerapy.com.au
- Give a completed feedback form to your Down South Therapy Services representative
- Visit the Contact Us page on our website www.downsouththerapy.com.au to submit an online form
- Call us on: 0404 698 218

Enhancing Abilities



Your feedback is important to us

Please circle the type of feedback you would like to provide:

- Compliment
- Suggestion
- Complaint
- Other

Please circle the business area(s) your feedback relates to:

- Occupational Therapy
- Speech Pathology
- Physiotherapy
- Administration

Other _____

Your contact details

Full name _____

Address _____

Phone _____

Email _____

Today's date _____

Please circle preferred contact method:

- Phone
- Email
- Mail

Your relationship to Down South Therapy Services
