## **New Horizon Brace & Limb Service**



## Complaints, Compliments & Feedback Form

New Horizon BLS is committed to providing the best possible service to all our clients, family, care providers and Medical professionals. We value your feedback so we can improve the services we provide.

Please let us know what we do well and where we can improve our services.

Let us know your respons	e / feedback below:	
☐ Complaint	☐ Compliment	□ Feedback
Personal Details:		
Do you wish to remain anonymous:	□Yes	□ No
First name:	ористичного приложения принажения принажения принажения поднить принажения принажения принажения принажения пр	Last name:
Address:		State:
Telephone:		Mobile:
Email:		
Feedback Information		
New Horizon BLS personnel feedback concerns:		
Please share any feedback o approximate dates and who	or concerns. Include wh was involved?	nat led to making the complaint, compliment or feedback, the
	discuss your concern	s with a member of New Horizon BLS staff or an NDIS
representative? □ Yes		□No

## **New Horizon Brace & Limb Service**



If yes, please tell us with whom and what was the outcome?

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mat obteomes would you in	NE 63 6 result of pr		Jugen.		
Privacy					
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he New Horizon BLS Privac	y Policy is availab	ole at <u>www.newho</u>	nizonbls.com.au		
you choose to remain anon ompliment or feedback.	ymous, New Horiz	zon BLS may not	be unable to res	spond to your complaint,	
f you wish to contact New Ho rovide on this form, please o	orizon BLS who ar email: newhorizo	re responsible for nbls@gmail.cor	managing the p	ersonal information that you	u
Declaration					
declare the information I had	ve provided is true	e and correct			
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ndis Official Provider		THE AUSTRALIAN ORTHOTIC PROSTHET ASSOCIATION CERTIF	TIC	Australian Government Department of Veterans' Affairs	

New Horizon Brace & Limb Service

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