

FEEDBACK FORM



Type of feedback:

Compliment

Complaint

Other

Name (optional):

Address:

Phone Number:

Email:

What is your feedback?

What outcome would you like as a result of offering this feedback?

What is your preferred method of contact?

Phone

Email

Mail

Declaration

I declare the information I have provided is true and correct.

Yes

No

Signature:

Date:

We collect and handle personal information that you provide on this form for investigating and responding to your feedback. Exceed will only use your information in accordance with relevant privacy and other laws. For us to provide the best possible service, we may need to share your personal information with others, such as advocacy or health-related organisations or businesses, to assist with any concerns identified. We may use and publish compliments to promote our services. No personal or identifying information will be used. If you do not want your compliment to be published, please let us know. If you wish to contact us about the information that you provide on this form, please email: [info@exceedmobileultrasound.com.au](mailto:info@exceedmobileultrasound.com.au) You also have the right to access your information and seek its correction under the Freedom of Information Act 1982. For information about making a Freedom of Information (FOI) application, please contact the Office of the Australian Information Commissioner on 1300 363 992.

