TabTimer Feedback and Complaints Form



Let us know what you think

It's important to let us know what you think about TabTimer so that we can improve our products and services. If you have general feedback, or to make a formal complaint about TabTimer products or services you can let us know at any time. Your family or friends can talk to us on your behalf. We will need to know; who is involved, what you are not happy about, what you want to happen, and some information about you. With this information, we will work with you, or your contact person, to help resolve your complaint.

If you need an urgent resolution, we recommend that you call us on 1300 822 846.

You can complete the feedback form online at ; <u>www.TabTimer.com.au/feedback</u>, or complete this form and email it to <u>info@tabtimer.com.au</u>, or post it to:- TabTimer, PO Box 7395 ALEXANDRIA NSW 2015. If you need help please let us know.

Your Feedback or Complaint

Would you like to;	🗆 P	rovide Feedback		Make a Suggestion	Γ	Make a Complaint
Would you like to;	🗆 R	emain anonymous	Provide contact details below			
First Name:			Last Name:			
Telephone:			Email:			
Suburb:	State:					
Post Code:			Order Number (If known)			
I am a;						
□ Customer		Family member or friend	t l	□ Support Coordinator		Allied Health Professional
Disability provide	er 🗆	Disability worker		□ Advocate		Carer
□ Other (please speci	fy)					

Yes

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No

Brief summary of your feedback/complaint:							

Are you making this feedback/complaint on behalf of an NDIS participant;

What do you suggest we do to resolve your issue?									
Would you like us to conta	ct you regarding your feedba	ck/complaint?	res □ No						
Would you like us to conta	ct you by;		Email 🗌 Phone	□ No contact required					
How disappointed or	how happy are you with	the TabTimer product	t you purchased?						
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	\bigcirc								
How disappointed or how happy are you with the service you received from TabTimer?									
		(•_•)							
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How disappointed or how happy are you with TabTimer overall?									
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Signature	Signature of the Person Subn	nitting this Form	Name Name of the	Person Submitting this Form (print)					
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Data of Cignature									
Date of Signature	MM DD Y	γ							

Please email this form to <u>info@tabtimer.com.au</u>, or post it to:- TabTimer, PO Box 7395 ALEXANDRIA NSW 2015. If you need help please let us know. If required, we will respond within 5 days.