Complaints Form Response

HiFlex Physio

Confidential (Office Use Only)	
Date Complaint Received	
Name of Investigator	
Name of Respondent	
Complaint Justified	Yes ☐ No ☐
Result of Investigation	
Actions Taken	
Date Complaint Resolved	
Follow up call made within seven days	Yes ☐ No ☐
Customer Reaction	Satisfied ☐ Dissatisfied ☐