



## Customer Feedback and Complaints

This form is designed to help you provide feedback or file complaints about our services. Your input is important to us.

### Our Promise to You: Listen, Respond, Learn

The *Myphysio Spinal & Sports Injury Clinic's Complaints Management Framework* is dedicated to addressing concerns effectively and with empathy. We are committed to high-quality customer service and ongoing improvement.

We welcome all feedback, including complaints and compliments. If you have feedback about our clinic or its staff, please share it with us. Positive feedback about our staff will also be passed along.

### How to File a Complaint

To resolve your issue quickly, please first discuss your concern with the staff member responsible for your matter. If this does not resolve the issue to your satisfaction, please escalate the matter to the Practice Principal *Priyanka Gupta* or our Practice Manager *Leanne Watson*.

You can submit a complaint or feedback in the following ways:

- Completing the Complaint Form (attached)
- Mailing it to 21 Billson St, Wonthaggi VIC 3995
- Emailing it to [admin@myphysioclinic.com.au](mailto:admin@myphysioclinic.com.au)
- Calling us at 03 56323804
- Visiting our office in person (please make an appointment to ensure availability)

### How We Handle Complaints

Our complaints policy and procedures ensure your concerns are taken seriously and addressed promptly and fairly. We aim to resolve complaints quickly and keep you updated throughout the process. Upon receiving a complaint, we will:

- Review the information provided and how you would like the issue resolved.
- Check our records for relevant information.
- Take necessary actions, which may include correcting mistakes, offering an apology, providing additional information about your case or our policies, or reviewing our practices.

We are committed to resolving your complaint effectively and to continuously improving our services



## ANONYMOUS FEEDBACK & COMPLAINT FORM

**My Complaint is About?**

- Service
- Staff

<b>Individuals Involved</b>	IF KNOWN
<b>Does the person know you are providing this feedback?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Please Describe the Issue which is of Concern to You.**

<p><b>We Need to Know:</b></p> <ul style="list-style-type: none"> <li>what happened</li> <li>when it happened</li> <li>who did it</li> <li>how and when you found out about it</li> <li>any other relevant information</li> </ul>	
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**How would you like to see us resolve this issue?**

<b>Provide Details</b>	
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<b>Today's Date</b>	_/_/____	<b>Your name and contact details (optional)</b>	
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**OFFICE USE ONLY**

<b>Received by</b>		<b>Today's Date</b>	_/_/____
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