

Complaints & Feedback Form

Healthstyles welcomes your feedback. Please complete the following to help us get better at what we do.

This form is for: Complaint Feedback

Your name: I wish to remain anonymous ☐

Phone: _____ Email: _____

I am a: Client/Participant Family member/Nominee

Other:

Please detail complaint or feedback - what happened, where, when and who was involved:

What actions would you like us to take:

Thank you for your feedback. If this is a complaint and you have provided contact details, expect an initial response within 14 days.