



Complaints Form

Client Name:

Client contact details:

Therapist's name (if known):

Date of Service (if known):

We hope that all of our customers and services users are satisfied with our service.

However we understand that on some occasions complaints need to be made. Please help us to improve our Occupational Therapy practice and services by listing in detail your complaint.

Please tick the box if you are happy for us to contact you.

A senior member of Barwon OT will contact you in 10 business days to discuss your complaint.

Please forward this form to

Gwenneth Treloar-Tanner – Practice Manager on

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Anna Treloar-Tanner – Principal Occupational Therapist on

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