

## COMPLAINTS FORM

Please fill this out and fax it to 01959565281 or email it to us at [customerservices@synpsemicrocurrent.com](mailto:customerservices@synpsemicrocurrent.com)

### CONTACT DETAILS

#### \* Required Fields

### CONTACT DETAILS

\* Title:

\* First Name:

\* Surname:

Organisation (If applicable):

\* Address 1:

\* Address 2:

\* Town:

\* County:

\* Country:

\* Postcode:

\* Email Address

\* Daytime Telephone Number:

Evening Telephone Number:

Please put in the telephone number where we can contact you between 9am and 5.30pm.

If it is a product you are complaining about, please state whether it is the Tendonworks® Unit, Recovery Unit, Performance Unit or Accel-Heal®:

Nature of Complaint (Please be as specific and detailed as possible)



Have you already discussed this matter with a member of staff at Synapse? If so please state who you spoke to and when you spoke to them, providing dates and times:

Was any action taken following your communications with this member of staff?

Please provide us with any other details that you think could be relevant to your complaint:

**Thank you**

On receipt of your complaint we will send you an acknowledgement and then look into your complaint. If you wish to check on progress, please contact Customer Services at [customerservices@synapsemicrocurrent.com](mailto:customerservices@synapsemicrocurrent.com)

