

Fonte Surgical Supply, Inc.

CUSTOMER COMMUNICATIONS FORM

At Fonte Surgical Supply, Inc., we genuinely strive to provide the highest quality in health care services for our customers. That is why your concerns are our concerns.

To Ensure That our service meets your total satisfaction, we ask you to describe completely any problem or concern you may have.

This completed form will be routed directly to our Director of Customer Service, who will promptly review this concern and will make verbal or written communications with you to assure you the problem has or is being corrected. In addition, you may make a comment to our accreditation agency, Accreditation Commission for Health Care, at 919-785-1214 or www.achc.org. We appreciate your candid comments as well as your assistance in helping us to continually improve our service to our many and valued customers.

Individual completing form: _____

Date of completion: _____

Name of affected individual: _____

Initial date of concern: _____

Describe Concern: (Use backside if necessary)

Signature

Date

Date of first contact to customer: _____

Form of Contact: Phone Letter Fax E-mail Other: _____

Corrective measure(s):

Signature

Date

Date of final written response to customer: _____