



Peter Horobin Saddlery®
Est.1985

***Our service is committed to providing high quality care and services and meeting your needs.
We value your feedback – including complaints.***

Please let us know what we do well and where we can improve our services.

Indicate your response below with an X.

This is a:	compliment	<input type="checkbox"/>	complaint	<input type="checkbox"/>	feedback	<input type="checkbox"/>
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Section 1: Your details

Personal details

First Name:	
Last Name:	
Postal address:	
Telephone number:	
Mobile number:	
Email address:	

Section 4: Please provide details of the service that the feedback concerns

Name of the PH Saddlery or Head Office Service	
Address of saddle fitting:	

Section 5: Please state your concerns/compliment

Please provide details of your main concerns, including what events led to making the complaint, compliment or feedback, approximate dates and who was involved.

Section 6: What action have you already taken in relation to this feedback?

Have you discussed your concerns with the saddle fitter directly? for assistance with these concerns?
(Indicate your response with an X)

yes	<input type="checkbox"/>	no	<input type="checkbox"/>
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If **yes**, with whom and what was the outcome?

Section 7: What outcomes would you like as a result of providing your feedback?

Section 8: Privacy

Peter Horobin Saddlery is committed to protecting your privacy. We collect and handle personal information that you provide on this feedback form for the purpose of investigating and responding.

Peter Horobin Saddlery will only use your information in accordance with relevant privacy and other laws. In order for us to provide services to you effectively and efficiently, we may need to share your personal information with others, such as our saddle fitters that deals with the matters identified in your feedback.

You also have the right to access your information and seek its correction under the *Freedom of Information Act 1982*.

Section 9: Declaration

Paragraph declaring information provided is true and correct.

Signature:		Date:	
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Thank you for taking the time to provide feedback about our service.

THE FOLLOWING AREAS FOR YH USE ONLY	
MANAGEMENT ACTION PLAN (INCLUDE FEEDBACK TO RELEVANT PARTIES)	
RESULTS OF EVALUATION	
SIGNATURE - CLOSED OUT BY	DATE: