



COMPLAINTS FORM

Please fill this out and fax it to 01959 565281 or email it to us at customerservices@synapsemicrocurrent.com

CONTACT DETAILS

Title:	First Name:	Surname:
Organisation (if applicable):		
Address:		
Postcode:		
Email Address:		
Daytime Telephone Number*: <small>* Please put in the telephone number where we can contact you between 9am and 5.30pm</small>		

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

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 email and then investigate your complaint. If you wish to check on progress, please contact Customer Services at customerservices@synapsemicrocurrent.com.