

ASSIST HOME CARE, INC.

CUSTOMER COMPLAINT FORM

27 W. INDEPENENCE ST., SHAMOKIN, PA 17872
 PHONE: 570-644-9840
 FAX: 570-644-9841

PLEASE ANSWER QUESTIONS BY CHECKING THE APPROPRIATE BOX

	EXCELLENT	GOOD	POOR	BAD
Friendly and satisfying service on the phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was delivery time prompt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the setup of the equipment to your satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO
Was the equipment setup correctly	<input type="checkbox"/>	<input type="checkbox"/>
Was the information to operate the equipment explained to your understanding	<input type="checkbox"/>	<input type="checkbox"/>
Were you shown how to operate the equipment	<input type="checkbox"/>	<input type="checkbox"/>
Were you instructed on the use of the equipment to your satisfaction	<input type="checkbox"/>	<input type="checkbox"/>
Is the equipment in good condition	<input type="checkbox"/>	<input type="checkbox"/>
Was the technician knowledgeable about the equipment	<input type="checkbox"/>	<input type="checkbox"/>
Was anything damaged during the delivery	<input type="checkbox"/>	<input type="checkbox"/>
Were all rights from HIPPA and Medicare explained	<input type="checkbox"/>	<input type="checkbox"/>
Were the copies of those rights given to you	<input type="checkbox"/>	<input type="checkbox"/>
Were you told you have the right to choose either to rent or purchase Medicare covered products	<input type="checkbox"/>	<input type="checkbox"/>
At the completion of the service call, did you feel safe and confident you could use the equipment	<input type="checkbox"/>	<input type="checkbox"/>
Was your experience with Assist Home Care, Inc. a good one	<input type="checkbox"/>	<input type="checkbox"/>
Would you order products with us again if needed	<input type="checkbox"/>	<input type="checkbox"/>
Was all oxygen equipment setup away from flammable items (if any delivered)	<input type="checkbox"/>	<input type="checkbox"/>

At Assist Home Care, Inc. your happiness and well-being is our top priority. If for any reason you are not happy with any of our services, equipment, or employees please fill out this form so we may keep this for our and Medicare's records. You may also call us at 570-644-9840 to file a complaint and a manager will give your complain immediate attention. For a complaint to be filed, this form must be filled out in detail and signed by the complainant in a timely fashion. Be assured that Assist Home Care, Inc. will address your concerns and complaints in a serious and professional manner. We are always there to assist you with all of your medical and equipment supply needs. We value your patronage and your well-being is our main concern.

----- PLEASE SEE REVERSE SIDE -----

