



Complaints Form

Order Details

Date: _____ Order No.: _____

Patient Reference No.: _____

Patient Name or Initials: _____

Contact Name: _____

Contact Phone No.: _____

Email: _____

Hospital/Clinic: _____

Delivery Address: _____

_____ Post Code: _____

PLEASE NOTE: All returned garments must be in a clean laundered condition, we are unable to accept soiled garments.

Guidelines

Complaint

If you are returning your garment or providing images for inspection as part of a complaint, please complete providing full details below.

☐

Returned for inspection

☐

Provided images

Please detail here:

When all applicable fields are completed, please click:
customerservice@jobskin.co.uk to email your electronic order form

Please download your electronic forms directly from our website - www.jobskin.co.uk/file-download