

Customer Feedback Form

Our feedback handling process reflects Consensus Orthopedics commitment to valuing all customer concerns. It seeks to resolve all customer feedback as close as possible to the point of service and to conduct thorough, impartial and fair investigations of customer inquiries so that, where appropriate, we can make evidence-based decisions on the facts of each issue.

This process has been developed to address all customer feedback not related to product complaints per SOP-14-001. This form provides a route by which customers can express feedback.

Your Details

Name: Date:

Address:

Phone Number: Email:

Company:

Your Feedback:

Desired Outcome:

Please send completed forms to:

Customer Service
Consensus Orthopedics
1115 Windfield Way, Suite 100
El Dorado Hills, CA 95762
Email: info@consensusortho.com
Fax: 916.355.7190