

# Client Feedback Form

**Client Details**

## Date: ………………………………………

**Details of Person Receiving Complaint**

Name: …………………………

Phone No: …………………………

Person Receiving Complaint should fax or email the complaint form to the Public Health Laboratory as soon as possible.

Fax No: 6230 7036

Email: publichealth.lab@dhhs.tas.gov.au

Name: ………………………………………

Address: ………………………………………

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Phone No: ………………………………………

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**Comments**

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