



Customer Feedback Form

The Bayside Group is committed to providing high quality customer service. We welcome and value your feedback on the service we provide, so we may monitor and improve our service to you, our valued customer.

We encourage you to give feedback directly to your main point of contact within the Bayside Group, so they may improve their service to you. If you would prefer to submit your feedback in writing we encourage you to complete the information below.

Brand: Austra Health Baytech CozWine
 Bayside Personnel Bridge Consulting Techstaff

State: _____

Your Bayside Contact (If applicable): _____

Details of Feedback:

(Please provide all relevant information that will help us improve our service to you)

Are you a Registered Job Seeker with the Job Placement Network? Yes No

Would you like to be contacted in regards to the above information? Yes No
If you would like to be contacted, please provide your contact details below.

Name: _____

Contact Phone Number: (_____) _____

E-Mail Address: _____

Please return this form attention to **Process Improvement Officer:**
Mail: Level 5/7 Bowen Crescent MELBOURNE VIC 3004
Fax: 03 9867 6276

Thank you for taking the time to supply us with your feedback.

Office Use Only-Central Register Number:

