Customer Feedback Form – Omni Powered Wheelchair

Thank you for taking the time to complete this form. Any information you provide will be kept strictly confidential and managed in line with UK GDPR requirements.

1. Customer Details

(Information used only for traceability and follow-up in accordance with data protection laws)

Full Name:

Address / Postcode:

Email:

Telephone:

Wheelchair ID:

Purchase Date:

Purchased From (Dealer / Distributor):

2. Your Experience with the Omni Wheelchair

Please rate your experience with the following aspects (tick or mark one box per line)

Feature / Aspect	*Excellent*	*Good*	*Fair*	*Poor*	*Not Applicable*
Ease of use	☐	☐	☐	☐	☐
Comfort	☐	☐	☐	☐	☐
Performance / Drive	☐	☐	☐	☐	☐
Battery life	☐	☐	☐	☐	☐
Charging process	☐	☐	☐	☐	☐
Safety and stability	☐	☐	☐	☐	☐
User manual information	☐	☐	☐	☐	☐
After-sales support	☐	☐	☐	☐	☐
Delivery condition	☐	☐	☐	☐	☐

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3. Comments and Suggestions

Please tell us about anything you particularly liked, or anything that could be improved.

Positive comments:

Areas for improvement / concerns:

4. Safety or Performance Concerns

If you have experienced any problems, malfunctions, or safety issues, please describe below:

Description of issue	Date occurred	Was anyone injured? (Yes/No)	Reported to dealer? (Yes/No)

5. Follow-Up Permission

Would you like us to contact you to discuss your feedback?

☐ Yes ☐ No

Preferred method: ☐ Email ☐ Telephone ☐ Post

6. Declaration

I confirm the information provided is accurate to the best of my knowledge

Signature: Date:

Submission

Please return this form by:

📧 Email: support@conqueringhorizons.co.uk

📮 Post: Conquering Horizons Ltd, [Address]

Or complete online at: [www.conqueringhorizons.co.uk/feedback](#)

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Data Protection Notice

Information provided is used solely for post-market surveillance, product improvement, and customer support in accordance with ISO 13485 and GDPR. All data are handled confidentially and stored securely.

For Office Use Only

Date Received

Logged By

Reference Number

Action Required (Yes/No)

Corrective / Preventive Action ID

Response Sent To Customer

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