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**ActivStyle, Inc.  
Client Communication Form**

At ActivStyle, Inc. we genuinely strive to provide the highest quality in health care services and products for our clients.

To ensure that our service meets your total satisfaction, we ask you to describe completely any problem, concern, or compliments you may have. This completed form will be routed directly to the Customer Service Manager, who will promptly review this concern and will make verbal or written communications with you to assure you the problems will be corrected and compliments will be shared. If you wish you may also call us any time at (800) 651 6223, or fax this form to (612) 520 9300.

We appreciate your candid comments as well as your assistance in helping us to continually improve our service to our many and valued customers.

Individual completing form: \_\_\_\_\_

Date of Form Completion: \_\_\_\_\_

Name of affected individual: \_\_\_\_\_

Phone number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

ActivStyle, Inc. Account # \_\_\_\_\_

Initial date of incident: \_\_\_\_\_

Describe incident: (use back if needed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Corrective Measure (office use only)**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date