



**MASS 80
Supplier Performance Report**

(Affix identification label here)

Family name:

Given name(s):

Date of birth:

Gender: M F I

To be completed by any person who has comments about the performance of a commercial supplier or manufacturer.

Medical Aids Subsidy Scheme (MASS) staff, in accordance with the MASS Privacy Statement, are committed to maintain strict confidentiality in all aspects of service delivery. You are assured that this information will remain confidential. Your information will not be divulged without your consent, except where required by law.

Section A – Supplier / Manufacturer Information

Supplier's / Manufacturer's Name

What is the problem / comment?

Any other comments regarding the supply of the aid/service (attach separate sheet if necessary)?

Please indicate your evaluation of the supplier/manufacturer performance

Very Good Good Satisfactory Poor Very Poor

Section B – Client and Aid Details

Aid description

MASS plaque number

Print name

Signature

Date

If completed on behalf of the client, please specify relationship to client

I consent to MASS providing the supplier with my name and details of my complaint/compliment Yes No

Section C – Prescriber Details

Organisation

Branch

Occupation

Telephone

Contact hours

Print name

Signature

Date

I consent to MASS providing the supplier with my name and details of my complaint/compliment Yes No

Email OR Post completed form to a MASS Service Centre

Email: MASS184@health.qld.gov.au
Website: health.qld.gov.au/mass

Brisbane:
PO Box 281, Cannon Hill Qld 4170
Telephone: 07 3136 3636

Townsville:
PO Box 980, Hyde Park Qld 4812
Telephone: 07 4433 8000

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