



Made To Order (MTO) Uniforms

Sample feedback form

Wearer Name:		Wearer Payroll number:	
UC Name:		UC Contact Number:	
Site Location:		Cost Centre:	
Date sample received:		Feedback date:	

Style Code:		Garment description:	
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SECTION A

Does the template sample provided fit correctly:

Yes

No

If yes, please sign and date below to confirm that you are now happy for us to proceed with manufacturing the balance of your order to the same pattern.

If no please go to section B overleaf

Employee Signature: _____ **Date:** _____

Authorised By: _____ **Date:** _____

SECTION B

Please advise exactly what issues you have with the fit of the garment, and where necessary provide exact amendments required:

If you are unsure of the changes required and would like to be measured by a member of our technical team in Hammersmith please contact your Account Manager or call 01375642796 to arrange an appointment.

If possible, please supply photographs of yourself wearing the template sample and highlighting the areas which require changes.

If there are a large number of changes required and you have not previously supplied an equivalent personal garment for reference, it would be helpful to supply this now in order to speed up the process and quickly identify the correct fit required.

Please double check all of the above feedback and any new measurements given and then sign and date below.

Employee Signature: _____ **Date:** _____

Authorised By: _____ **Date:** _____