

CLIENT COMPLAINT FORM

MOXI is committed to providing a safe, harmonious and productive learning and working environment. Before lodging a formal complaint we urge you to discuss your matter of discontent with the relevant personnel.

Name	Email
Phone	Date of Incident
Describe your complaint	
Describe any efforts you have made to resolve the issue	
Describe any efforts MOXI has made to resolve the issue	
Please list any suggestions for resolving this matter	
Any additional information you would like to add?	
<p><i>Thank you for contacting us. We will be in touch within 10 working days to try and resolve the matter</i></p>	

Name

Signature

Date

Office Use ONLY: Attached detail of Outcome on separate sheet if necessary

Re-solved Yes No Date Re-Solved _____ Cont Imp Recorded Yes No Details Attached