

Form – Client Feedback

To be completed by Client:			
Client ID:	-		
Full Name:			
Telephone Number:			
Service/s Paid for:			
<input type="checkbox"/> Premium Migration Service (PreMS)	<input type="checkbox"/> Telephone Consultation (TC)	<input type="checkbox"/> Short Travel Visa Guide	
<input type="checkbox"/> Advance Migration Service (AMS)	<input type="checkbox"/> Face to Face Consultation (FF)	<input type="checkbox"/> Working Holiday Guide	
<input type="checkbox"/> Prospective Migration Service (PMS)	<input type="checkbox"/> Online Migration Specialist (OMS)	<input type="checkbox"/> Study Guide	
Migration Expert is committed to providing our clients with the highest standard of service. We treat all feedback on our performance as an opportunity to learn more about our clients' needs and to improve our service.			
Please provide your feedback or concerns in the space provided:			
Have you spoken with your assigned Migration Consultant about your concerns?			<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, what was the outcome of your discussion?			
How would you like MIGRATION EXPERT to respond to your concerns? What would be your ideal outcome?			
Client's Signature:		Date	___/___/20__
For your attention:			
All written feedback will be acknowledged in writing. As a priority, your assigned Migration Consultant will contact you and endeavour to respond to your concerns. If a resolution cannot be achieved, your complaint will be escalated as per Company procedure.			
Please return the completed form by post or facsimile to your nearest office location using our contact details above.			

END FORM