

**CLIENT COMPLAINTS AND APPEALS FORM**

Client Name: \_\_\_\_\_

Date: \_\_\_\_\_

Client Address: \_\_\_\_\_

Mesz Project#: \_\_\_\_\_

Nature of Complaint/Appeal: \_\_\_\_\_

Names and Titles of Personnel Involved: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe in detail the reason for this complaint/appeal:

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Comments:

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

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Title of Complainant

\_\_\_\_\_  
Date of Submittal