

# ATWIMA NWABIAGYA NORTH DISTRICT ASSEMBLY

## CLIENT COMPLAINT FORM

**Date:**

**Time:**

<b>Name of Complainant/ Institution:</b>				<b>Client (or Proxy) Contact Details</b> (Address/Tel. No/ Location/email/Community)			
<b>Age Bracket</b>	Below 18	<input type="checkbox"/>	<b>Mode of Complaint</b> (Walk-in/phone call /social media/official website etc):		<b>Gender:</b>		
	18-40	<input type="checkbox"/>			<b>Disability:</b>		
41-60	<input type="checkbox"/>						
Above 60	<input type="checkbox"/>						

### BRIEF OF COMPLAINT

<b>Written By:</b>					
Complainant	<input type="checkbox"/>	<b>Client Sign/Thumbprint:</b>		<b>CSU Officer Sign</b>	
CSU	<input type="checkbox"/>				
Other Staff	<input type="checkbox"/>				

### For Official Use Only

<b>Instruction by Administrative Head (DCD)</b>				
	<b>Date:</b>		<b>Sign:</b>	

### Acknowledgement by Action Officer(s)

Name & Signature of Officer/Date:		Position/Grade:	
Name & Signature of Officer/Date:		Position/Grade:	
Name & Signature of Officer/Date:		Position/Grade:	