



# DORMAA WEST DISTRICT ASSEMBLY CLIENT COMPLAINT FORM



<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 CSU Other Staff	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<i>Client Sign/Thumb print</i>		<i>CSU Officer Sign:</i>	
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**For Official Use Only**

<i>Instruction by Administrative Head</i>				
	Date:		Sign:	

**Acknowledgement by Action Officer(s)**

<i>Name &amp; Signature of Officer/Date:</i>		<i>Position/Grade:</i>	
<i>Name &amp; Signature of Officer/Date:</i>		<i>Position/Grade:</i>	
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