

# CLIENT COMPLAINT FORM

Name of Institution:

Date/Time:

Our Ref:

Your Ref:

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

## BRIEF OF COMPLAINT

<b>Written by:</b>						
<i>Client</i>	<input type="checkbox"/>	<i>Client</i>		<i>CSU</i>		
<i>CSU</i>	<input type="checkbox"/>	<i>Sign/Thumb</i>		<i>Officer</i>		
<i>Other staff</i>	<input type="checkbox"/>	<i>print:</i>		<i>Sign:</i>		

For Official Use Only

<i>Instruction by Administrative Head</i> <small>(CD/RCD/MMDCD)</small>						
			<b>Date:</b>		<b>Sign:</b>	

Acknowledgement by Action Officer(s)

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