



GOMOA WEST DISTRICT ASSEMBLY



COMPLAINTS/ENQUIRES UPDATE/ REPORT FORM

Name of Institution:

Date:

Name of Client:		Client (or Proxy) Contact Details (Address/Tel.no/Location/email/community).	
-----------------	--	---	--

ACTIONS TAKEN

--	--

Sign:	
-------	--

Comments/Notes by the Head of CSU	
-----------------------------------	--

Sign:	
-------	--

Comments/Notes by Administrative Head (CD/RCD/MMDCD)	
---	--

Date:		Sign:	
-------	--	-------	--