


## CLIENT COMPLAINT FORM

**Name of Institution:** Kwaebibirem Municipal Assembly

**Date/Time:**

**Our Ref:**

**Your Ref:**

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

### BRIEF OF COMPLAINT

