



NZEMA EAST MUNICIPAL ASSEMBLY

CLIENT SERVICE UNIT (CSU)

CLIENT COMPLAINT FORM



Date:..... Time.....

| | | | | | | | |
|--|--------------------------|--------------------------|--|---|--------------------------|----------------------|--------------------------|
| Name of Complainant / Institution | | | | Client (or Proxy) Contact Details (Address/Tel.no/Location /e-mail/Community) | | | |
| Age Bracket: | Below 18 | <input type="checkbox"/> | Mode of Complaint (Walk-in / phone call / social media/official website etc.): | | Gender | Male | <input type="checkbox"/> |
| | 18-40 | <input type="checkbox"/> | | | | Female | <input type="checkbox"/> |
| 41-60 | <input type="checkbox"/> | Disability | | No | <input type="checkbox"/> | | |
| Above 60 | <input type="checkbox"/> | | | Yes | <input type="checkbox"/> | If yes, specify..... | |

BRIEF OF COMPLAINT

| | | | | | |
|--------------------|--------------------------|--------------------------------|--|--------------------------|--|
| Written by: | <input type="checkbox"/> | <i>Client Sign/Thumbprint:</i> | | <i>CSU Officer Sign:</i> | |
| <i>Complainant</i> | <input type="checkbox"/> | | | | |
| <i>CSU</i> | <input type="checkbox"/> | | | | |
| <i>Other staff</i> | <input type="checkbox"/> | | | | |

For Official Use Only

| | | | | | |
|---|-------|--|-------|--|--|
| Instruction by Administrative Head (CD/RCD/MMDCD) | | | | | |
| | Date: | | Sign: | | |

Acknowledgement by Action Officer(s)

| | | | |
|--|--|------------------------|--|
| <i>Name & Signature of Officer/Date:</i> | | <i>Position/Grade:</i> | |
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