



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

Name of Client / Institution				Contact (or Proxy) Contact Details (Address/Tel.no/Location /e-mail/Community)		
Age Bracket:	Below 18	<input type="checkbox"/>		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 ENQUIRY

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