

FANTEAKWA SOUTH DISTRICT ASSEMBLY



REPUBLIC OF GHANA

In case of reply, the number
and date of this letter
should be quoted

Office of the District Administration
P. O. Box 01 8
Osino, E/R

Tel: 024 495 3301 / 034 229 2462
Email: info@fsda.gov.gh.com



Our Ref:.....
Your Ref:..... Date/Time:.....

CLIENT COMPLAINT FORM

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

BRIEF OF COMPLAINT

Written by: Client CSU Other staff	☐ ☐ ☐	Client Sign/Thumb print:		CSU Officer Sign:	

For Official Use Only

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

Acknowledgement by Action Officer(s)

Name & Signature of Officer/Date:		Position/Grade:	
Name & Signature of Officer/Date:		Position/Grade:	
Name & Signature of Officer/Date:		Position/Grade:	

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COMPLAINT REFERRAL FORM

Name of Complainant:		Contact Details (Address/Tel. no./Location/email/Community)	
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BRIEF OF COMPLAINT

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<i>Comments/Notes by Administrative Head</i> (CD/RCD/MMDCD)			
<i>Complaint Referred to:</i> (Institution)			
Date:		Sign:	

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COMPLAINTS/ENQUIRIES UPDATE/REPORT FORM

Name of Client:		Contact Details (Address/Tel. no./Location/email/Community):	
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ACTIONS TAKEN

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Sign:

<i>Comments/Notes by Head of CSU</i>	
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Sign:

<i>Comments/Notes by Administrative Head (CD/RCD/MMDCD)</i>			
Date:		Sign:	

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Date/Tme:.....

CLIENT ENQUIRY/REQUEST FORM

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

BRIEF OF COMPLAINT

Written by: Client CSU Other staff	☐ ☐ ☐	Client Sign/Thumb print:		CSU Officer Sign:	

For Official Use Only

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

Acknowledgement by Action Officer(s)

Name & Signature of Officer/Date:		Position/Grade:	
Name & Signature of Officer/Date:		Position/Grade:	
Name & Signature of Officer/Date:		Position/Grade:	

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ENQUIRY/REQUEST RESPONSE FORM

Name of Client:		Contact Details (Address/Tel. no./Location/email/Community)	
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RESPONSE TO ENQUIRY/REQUEST

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	<i>Sign:</i>	
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<i>Comments/Notes by Head of CSU</i>	
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	<i>Sign:</i>	
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<i>Comments / Notes/Endorsement by Administrative Head (CD/RCD/MMDCD)</i>	
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Date:		<i>Sign:</i>	
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CUSTOMER SATISFACTION FORM

Name of Institution:

Date/Time:

Name of Client / Institution:			Contact Details (Address/Tel. no./Location/e-mail/Community)	
Age Bracket:	<i>Below 18</i>	☐	Gender:	
	<i>18-40</i>	☐	Disability:	
	<i>41-60</i>	☐		
	<i>Above 60</i>	☐		

Check (✓) as Appropriate

Statements	Strongly Agree	Agree	Disagree	Strongly Disagree	Remarks
Staff were courteous and helpful					
Staff provided complete and accurate information					
A timely response was provided					
Regularly updated on the status of request/complaint/enquiries (if applicable)					
Issues were adequately explained					
A satisfactory verbal/written communication was given					
My overall experience was positive					
Any other Comment/Observation:					

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Your Ref:.....

Date/Time:.....

VISITORS FORM

NAME OF CLIENT :

CONTACT DETAILS :

LOCATION (COMMUNITY) :

GENDER : Male ☐ Female ☐

VULNERABILITY : Not Disabled ☐ Aged ☐ Disabled ☐

PURPOSE OF VISIT :

OFFICE DIRECTED TO :

TIME (IN) : TIME (OUT):

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STATUS OF IMPLEMENTATION OF ACTIONS

DESCRIPTION OF COMPLAINT	ACTION OFFICER(S)	TIMELINES	STATUS OF IMPLEMENTATION	REMARKS