



# GHANA NATIONAL HOUSEHOLD REGISTRY

## Ministry of Gender, Children and Social Protection

### CLAIMS AND COMPLAINTS FORM

FORM CODE .....to be pre-printed

<b>MODE OF RECEIPT OF COMPLAINT/CLAIM*</b>	<input type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> In-person <input type="checkbox"/> Website
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#### A. PERSONAL INFORMATION

<b>SURNAME*</b>																		
<b>FORENAMES*</b>																		
<b>PREVIOUS/MAIDEN NAMES</b>																		
<b>DATE OF BIRTH*</b>	D		D	/	M	M	/	Y	Y	Y	Y	If Estimated <input type="checkbox"/>		<b>GENDER*</b>				
<b>MARITAL STATUS*</b>	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed												<input type="checkbox"/> Male <input type="checkbox"/> Female					
<b>EMAIL</b>											<b>PHONE NO.</b>							
<b>SSNIT NO.</b>																		
<b>VOTER ID NO.</b>																		
<b>PASSPORT NO.</b>																		
<b>NHIS NO.</b>																		
<b>DRIVER'S LIC. NO.</b>																		

#### LOCATION OF HOUSEHOLD

<b>REGION*</b>	<input type="checkbox"/> GAR <input type="checkbox"/> ER <input type="checkbox"/> CR <input type="checkbox"/> WR <input type="checkbox"/> AR <input type="checkbox"/> BA <input type="checkbox"/> VR <input type="checkbox"/> NR <input type="checkbox"/> UWR <input type="checkbox"/> UER										<b>COMTY. CODE*</b>				
<b>DISTRICT*</b>															
<b>COMMUNITY*</b>															
<b>HOUSE NO.</b>															

#### B. GRIEVANCE DETAILS

<b>TYPE OF GRIEVANCE</b>	<b>DETAILED DESCRIPTION OF GRIEVANCE</b> <i>[Please attach additional page if space is insufficient. You may also attach any further documentation deemed necessary]</i>
<input type="checkbox"/> Eligibility Appeal <input type="checkbox"/> Missed out/Excluded Households <input type="checkbox"/> Inclusion of Non-poor Households <input type="checkbox"/> Complaint about Quality of Service <input type="checkbox"/> Other <i>[please specify]</i> :	

#### DOCUMENTS ATTACHED

<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Death Certificate <input type="checkbox"/> Voter's ID <input type="checkbox"/> Letter from Chief/Religious Leader <input type="checkbox"/> Letter from Community Committee <input type="checkbox"/> Other <i>[Please specify]</i> :
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<b>DATE</b>	D	D	/	M	M	/	Y	Y	Y	Y	<b>COMPLAINT RECEIVED BY</b>					
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#### C. FOR OFFICIAL USE ONLY

<b>ACTIONS TAKEN</b>															
<b>CASE RESOLUTION</b> <i>[Describe outcome agreed]</i>															
<b>CITIZEN INFORMED BY</b>	<input type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> In-person														
<b>DATE OF CLOSURE OF CASE</b>	D	D	/	M	M	/	Y	Y	Y	Y					
<b>SIGNED-OFF BY</b>															

OFFICIAL  
STAMP