附件6

**残疾人法律咨询接待登记表**

编号：（ ）第 号

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 一、咨询人信息 | | | | | | |
| **姓 名** |  | **性 别** |  | | **年 龄** |  |
| **联系方式** |  | | | | | |
| **联系地址** |  | | | | | |
| 二、咨询事项信息 | | | | | | |
| **事项类型** |  | | | | | |
| **咨询时间** |  | | | **接待人** |  | |
| **咨询内容** |  | | | | | |
| **答复意见** |  | | | | | |
| **备注** |  | | | | | |