**附件4**

双江自治县“局长坐诊接诉”服务工作记录表

|  |  |  |  |
| --- | --- | --- | --- |
| **坐诊部门** |  | | |
| **坐诊日期** |  | | |
| **坐诊领导** |  | **职务** |  |
| **挂号企业** |  | | |
| **诉求内容** |  | | |
| **现场交流情况** |  | | |
| **现场是否解决**  **（是/否）** |  | | |
| **牵头承办单位** |  | | |