**KELUHAN PENGADUAN MASYARAKAT**

**BULAN AGUSTUS 2018**

**KELURAHAN DEMANGAN KECAMATAN TAMAN KOTA MADIUN**

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| **No.** | **Nama dan Alamat Pelapor** | **Tanggal Penerimaan Keluhan / Pengaduan** | **Uraian Keluhan/Pengaduan** | **Tindak Lanjut Penyelesaian**  **Keluhan/Pengaduan** | **Ket.** |
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