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COMPARTIMENTUL DE ASISTENTA SOCIALA

NR………………………………………….

RAPORT DE CONSTATARE/ INTREVEDERE/VIZITA

Data constatarii/intrevederii/vizitei………………………………………………………..

Locul constatarii/intrevederii/vizitei:…………………………………………………………………………………………………………

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Durata……………………………………………………………………………………………………………………………………………………….

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Data intocmirii raportului ……………………………………………..

Participant (nume si prenume, calitate, semnaturi):

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