

GRIEVANCE FORM

*TRACKING #

I. COMPLAINANT'S INFORMATION

Use this form when you wish to file a complaint. Please fill in all *required information and check appropriate boxes.

*BENEFICIARY? YES NO CONFIDENTIAL? YES NO (Your complaint will be dealt with in a strictly confidential and professional manner.)

*DATE (MM-DD-YYYY)

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If MCCT, please check appropriate client group: IP in GIDA HSF FNSP

*HOUSEHOLD ID #

*HOUSE #/ STREET NAME/SITIO

*BARANGAY

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*FIRST NAME	*MIDDLE NAME	*LAST NAME

*CITY/MUNICIPALITY	*PROVINCE

*SEX Male Female

*Contact Number	Email Address

*REGION

*BELONGS TO AN IP GROUP? NO YES

If yes, name of group:

II. NATURE OF COMPLAINT

Check the box that best describes your complaint.

<p>1. <input type="checkbox"/> Payment-Related Issues</p> <p>1.1 <input type="checkbox"/> No cash grants</p> <p>1.2 <input type="checkbox"/> Reduced cash grants</p> <p>1.3 <input type="checkbox"/> Overpayment</p> <p>1.4 <input type="checkbox"/> No rice subsidy</p> <p>1.5 <input type="checkbox"/> Reduced rice subsidy</p> <p>2. <input type="checkbox"/> Cash Card-Related Issues</p> <p>2.1 <input type="checkbox"/> No Cash Card</p> <p>2.2 <input type="checkbox"/> Lost or Stolen Cash Card</p> <p>2.3 <input type="checkbox"/> No PIN or Lost PIN</p> <p>2.4 <input type="checkbox"/> Damaged or Perforated Cash Card</p> <p>2.5 <input type="checkbox"/> Multiple Cash Card</p> <p style="margin-left: 20px;">Cash Card Account # : _____</p> <p>2.6 <input type="checkbox"/> Captured cash card</p> <p>2.7 <input type="checkbox"/> Hot or blocked cash grant</p> <p>3. <input type="checkbox"/> Facility Issues</p> <p>3.1 <input type="checkbox"/> No school facility</p> <p>3.2 <input type="checkbox"/> No health facility</p> <p>4. <input type="checkbox"/> Grievance on Partner Performance</p> <p>4.1 <input type="checkbox"/> Partner/s imposing additional conditions</p> <p>4.2 <input type="checkbox"/> Partner/s collecting money from the beneficiaries</p> <p>4.3 <input type="checkbox"/> Unavailability of health officer/teacher</p> <p>4.4 <input type="checkbox"/> Non-provision of services, medicines, books, etc.</p> <p>5. <input type="checkbox"/> Grievance on Staff Performance</p> <p>5.1 <input type="checkbox"/> Staff asking or collecting money from beneficiaries</p> <p>5.2 <input type="checkbox"/> Inaction to request/s</p> <p>5.3 <input type="checkbox"/> Unethical Practice / Behavior</p> <p>6. <input type="checkbox"/> Appeals</p> <p>6.1 <input type="checkbox"/> Appeal for Reinstatement</p>	<p>Year _____</p> <p>P1 <input type="checkbox"/> Feb <input type="checkbox"/> Mar</p> <p>P2 <input type="checkbox"/> Apr <input type="checkbox"/> May</p> <p>P3 <input type="checkbox"/> Jun <input type="checkbox"/> Jul</p> <p>P4 <input type="checkbox"/> Aug <input type="checkbox"/> Sep</p> <p>P5 <input type="checkbox"/> Oct <input type="checkbox"/> Nov</p> <p>P6 <input type="checkbox"/> Dec <input type="checkbox"/> Jan</p> <p>7. <input type="checkbox"/> Misbehaviour of Beneficiary</p> <p>7.1 <input type="checkbox"/> Collection of fees</p> <p>7.2 <input type="checkbox"/> Fraud (False information/Misrepresentation)</p> <p>7.3 <input type="checkbox"/> Misuse of grants (pawning, loan collateral, etc.)</p> <p>8. <input type="checkbox"/> Ineligibility</p> <p>8.1 <input type="checkbox"/> With ownership of property/ies</p> <p>8.2 <input type="checkbox"/> With regular income/job</p> <p>8.3 <input type="checkbox"/> With relatives working abroad</p> <p>9. <input type="checkbox"/> Request for social services (Pls. specify in the complaint detail box)</p> <p>10. <input type="checkbox"/> IP and GAD-Related Issues</p> <p>10.1 <input type="checkbox"/> Physical Abuse</p> <p>10.2 <input type="checkbox"/> Sexual Abuse</p> <p>10.3 <input type="checkbox"/> Psychological Abuse</p> <p>10.4 <input type="checkbox"/> Spiritual Abuse</p> <p>10.5 <input type="checkbox"/> Cultural Abuse</p> <p>10.6 <input type="checkbox"/> Verbal Abuse</p> <p>10.7 <input type="checkbox"/> Financial Abuse</p> <p>10.8 <input type="checkbox"/> Neglect</p> <p>10.9 <input type="checkbox"/> Others (Please specify in the complaint detail box)</p> <p>11. <input type="checkbox"/> Inquiries/Others (Please specify in the complaint detail box)</p> <p>11.1 <input type="checkbox"/> Inquiries</p> <p>11.2 <input type="checkbox"/> Philhealth Issues</p> <p>11.3 <input type="checkbox"/> ESGPPA/ Scholarship Grants</p> <p>11.4 <input type="checkbox"/> Family Conflict</p> <p>11.5 <input type="checkbox"/> Change Grantee Request</p> <p>11.6 <input type="checkbox"/> Lost Pantawid Pamilya ID</p> <p>11.7 <input type="checkbox"/> Others</p>
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Details of complaint. Please specify the Who, Where, When, Why and How details.

III. RESOLUTION INFORMATION

To be completed by Pantawid Pamilya Staff/Grievance Officer/City/Municipal Link.

Initial Resolution:

REMARKS

For further investigation

For follow-up

Resolved

This form has been thoroughly discussed with me and all information disclosed herein should not be used against me.

Complainant's Signature:	Date Filed:
Assisted By:	Date Assisted:

IV. FOLLOW-UP INFORMATION

This serves as your grievance stub for follow-up.

TRACKING # _____

Complainant's Name	Household ID #	Address

Complaint Type:

- Payment-Related Issues
- Cash Card Related Issues
- Facility Issues

- Grievance on Partner Performance
- Grievance on Staff Performance
- Misbehaviour of Beneficiary

- Ineligibility
- Appeals
- Request for social services

- IP and GAD Related Issues
- Inquiries / Others

Complainant's Signature

Date

For follow-up, please contact:

Name:	Designation:	Contact Number:

V. CASE HISTORY

For Pantawid Pamilya Staff use only. Updates on the cases related to IP and GAD grievances may be provided here.

Date	Remarks	Updated By:

