

PLEASE FILL IN \*REQUIRED DETAILS AND MARK ALL APPLICABLE BOXES WITH AN "X".

TRACKING #:

### I. COMPLAINANT INFORMATION

<b>Complainant Type</b>	<input type="checkbox"/> Beneficiary	<input type="checkbox"/> Non-beneficiary	<input type="checkbox"/> MCCT	<b>Confidential?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date Filed:
Household ID #:					Set:	Client Status:	
Name: <i>(First, Middle, Last)</i>					Sex:	IP Affiliation:	
Address: <i>(Street, Brgy, City/Muni, Province, Region)</i>						Contact #:	

### II. GRIEVANCE INFORMATION

CHECK THE BOX THAT BEST DESCRIBES YOUR GRIEVANCE.

<p><b>1. Payment-related issues</b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> No cash grants</td> <td rowspan="6" style="text-align: center;">                 YEAR: 20____  <table border="1" style="margin: auto;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td>P1 (Feb)</td><td> </td><td>P4 (Aug)</td></tr> <tr><td> </td><td>P1 (Mar)</td><td> </td><td>P4 (Sep)</td></tr> <tr><td> </td><td>P2 (Apr)</td><td> </td><td>P5 (Oct)</td></tr> <tr><td> </td><td>P2 (May)</td><td> </td><td>P5 (Nov)</td></tr> <tr><td> </td><td>P3 (Jun)</td><td> </td><td>P6 (Dec)</td></tr> <tr><td> </td><td>P3 (Jul)</td><td> </td><td>P6 (Jan)</td></tr> </table> </td> </tr> <tr><td><input type="checkbox"/> Reduced grants</td></tr> <tr><td><input type="checkbox"/> Unclaimed grants</td></tr> <tr><td><input type="checkbox"/> Overpayment</td></tr> <tr><td><input type="checkbox"/> No rice grants/reduced rice grants</td></tr> </table>	<input type="checkbox"/> No cash grants	YEAR: 20____ <table border="1" style="margin: auto;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td>P1 (Feb)</td><td> </td><td>P4 (Aug)</td></tr> <tr><td> </td><td>P1 (Mar)</td><td> </td><td>P4 (Sep)</td></tr> <tr><td> </td><td>P2 (Apr)</td><td> </td><td>P5 (Oct)</td></tr> <tr><td> </td><td>P2 (May)</td><td> </td><td>P5 (Nov)</td></tr> <tr><td> </td><td>P3 (Jun)</td><td> </td><td>P6 (Dec)</td></tr> <tr><td> </td><td>P3 (Jul)</td><td> </td><td>P6 (Jan)</td></tr> </table>						P1 (Feb)		P4 (Aug)		P1 (Mar)		P4 (Sep)		P2 (Apr)		P5 (Oct)		P2 (May)		P5 (Nov)		P3 (Jun)		P6 (Dec)		P3 (Jul)		P6 (Jan)	<input type="checkbox"/> Reduced grants	<input type="checkbox"/> Unclaimed grants	<input type="checkbox"/> Overpayment	<input type="checkbox"/> No rice grants/reduced rice grants	<p><b>7. Grievance on staff performance</b></p> <table style="width: 100%;"> <tr><td><input type="checkbox"/> Inaction to request</td></tr> <tr><td><input type="checkbox"/> Collection of any kind</td></tr> <tr><td><input type="checkbox"/> Unethical behavior</td></tr> <tr><td><input type="checkbox"/> Imposing additional conditions</td></tr> </table>	<input type="checkbox"/> Inaction to request	<input type="checkbox"/> Collection of any kind	<input type="checkbox"/> Unethical behavior	<input type="checkbox"/> Imposing additional conditions
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<p><b>4. Misbehavior of Beneficiary</b></p> <table style="width: 100%;"> <tr><td><input type="checkbox"/> Misuse of grants (CC pawning)</td></tr> <tr><td><input type="checkbox"/> Misuse of grants (vices)</td></tr> <tr><td><input type="checkbox"/> Collection of any kind</td></tr> <tr><td><input type="checkbox"/> Misrepresentation and falsification of documents</td></tr> <tr><td><input type="checkbox"/> Unethical behavior</td></tr> </table>	<input type="checkbox"/> Misuse of grants (CC pawning)	<input type="checkbox"/> Misuse of grants (vices)	<input type="checkbox"/> Collection of any kind	<input type="checkbox"/> Misrepresentation and falsification of documents	<input type="checkbox"/> Unethical behavior	<p><b>10. Social Services Intervention Issues</b></p> <table style="width: 100%;"> <tr><td><input type="checkbox"/> Delayed receipt of starter kit</td></tr> <tr><td><input type="checkbox"/> Substandard starter kit</td></tr> <tr><td><input type="checkbox"/> Inappropriate skills training</td></tr> <tr><td><input type="checkbox"/> Collection of any kind</td></tr> <tr><td><input type="checkbox"/> Misuse of house rental subsidy</td></tr> </table>	<input type="checkbox"/> Delayed receipt of starter kit	<input type="checkbox"/> Substandard starter kit	<input type="checkbox"/> Inappropriate skills training	<input type="checkbox"/> Collection of any kind	<input type="checkbox"/> Misuse of house rental subsidy																												
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PLEASE DESCRIBE THE COMPLAINT HERE. USE THE BACK PAGE FOR ADDITIONAL DETAILS.

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### III. RESOLUTION INFORMATION

**TO BE COMPLETED BY PANTAWID PAMILYA STAFF/GRIEVANCE OFFICER/CITY/MUNICIPAL LINK.**

Initial Resolution:

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

Complainant's Signature: _____	Assisted By: _____ <small>Signature over Printed Name and Designation</small>
Date: _____	Date Assisted: _____

✂ **THIS SERVES AS YOUR GRIEVANCE STUB.** DATE FILED:

Name:	HH ID #:	Address:												
Type of grievance filed:		<table border="1" style="width: 100%;"> <tr> <td style="width: 30%;"><b>Status:</b></td> <td style="width: 30%;"><input type="checkbox"/> Ongoing</td> <td style="width: 40%;"><input type="checkbox"/> Resolved</td> </tr> </table>	<b>Status:</b>	<input type="checkbox"/> Ongoing	<input type="checkbox"/> Resolved									
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For follow-up, please contact:

Name:	Designation:	Contact #:
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