



DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT

CLIENT COMPLAINT FORM

Date: _____

Time: _____

Name of Complainant: _____

Contact Number: _____

Name of Office: _____

Office Address: _____

Name of Officer Being Complained: _____

Position/Office: _____

Reason for the Complaint: _____

You may use the back page for additional information needed.

Signature of Complainant

"Matino, Mahusay, at Maaasahan.