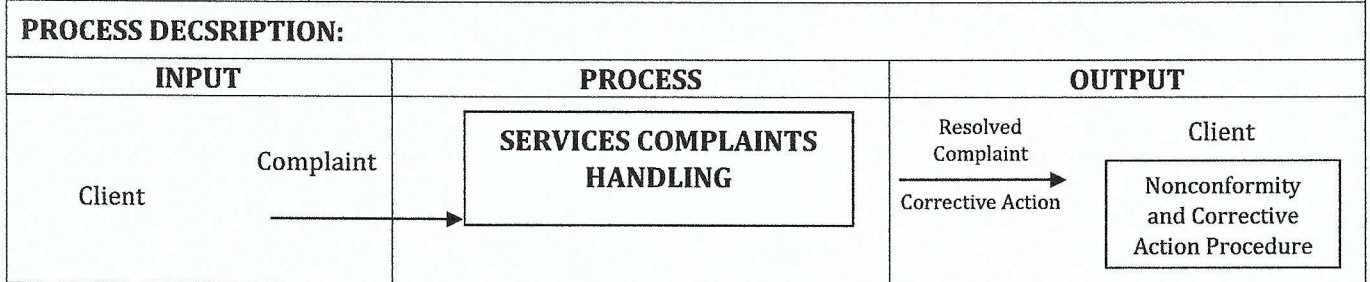




Republic of the Philippines  
 DILG REGION XII (SOCCSKSARGEN)  
**SYSTEM  
 PROCEDURE**

Document Code		
<b>SP-R12-05</b>		
Rev. No.	Eff. Date	Page
00	10.01.17	1 of 3

<b>PROCEDURE TITLE</b>	<b>SERVICES COMPLAINTS HANDLING</b>
<b>SCOPE</b>	This process covers the activities from the receipt of the complaint up to the initiation of the corrective action.
<b>PURPOSE</b>	To define the process for the effective handling, response and resolution of complaints related to DILG-Regional Office 12's services.



**DESCRIPTIVE STATEMENT:**  
 The Process is triggered by receiving complaint from the Client. The Action Officer then record the complaint in the Client Complaint Log Sheet and forward to the concerned Division Chief/ Head of Office for review and instruction. The assigned Action Officer validates and assesses the complaint, completes the details of the complaint in the Client Complaint Form, and submits a copy of the signed CCF to the QMS Secretariat for the issuance of Corrective Action Report (CAR) in accordance with the Nonconformity and Corrective Action Procedure. The Action Officer will then implement the corrective action.

Step No.	Responsible Personnel	PROCESS/ACTIVITY	Details	References
1	Action Officer	<ul style="list-style-type: none"> <li>Receive Client's Complaints</li> </ul>	<ul style="list-style-type: none"> <li>Receive Client's Complaint in the form of letter, e-mail, phone call, CSS result, or verbally-expressed complaints.</li> <li>Log the complaint in the Client Complaint Form.</li> <li>Forward complaint to the concerned Division Chief/Head of Office.</li> </ul>	<ul style="list-style-type: none"> <li>Complaint with supporting documents, if any</li> <li>Client Complaint Form (CCF)</li> </ul>
2	Division Chief/Head of Office	<ul style="list-style-type: none"> <li>Review the nature of complaint and assign to Action Officer.</li> </ul>	<ul style="list-style-type: none"> <li>Review the nature of complaint and assign to concerned Action Officer to validate and/or prepare response and comply with any other special instruction.</li> </ul>	<ul style="list-style-type: none"> <li>Complaint with supporting documents, if any</li> <li>Client Complaint Form (CCF)</li> </ul>
3	Action Officer; Division Chief/OIC/Unit Head; Division/Head of Office	<ul style="list-style-type: none"> <li>Validate and assess the complaint</li> </ul>	<ul style="list-style-type: none"> <li>Describe clearly the complaint.</li> <li>Issue Control number (YYYY-QPCode-series) and Log in the Complaints</li> </ul>	<ul style="list-style-type: none"> <li>Complaint with supporting documents, if any</li> <li>Client Complaint Form (CCF)</li> </ul>

THIS DOCUMENT IS CONTROLLED AND NOT TO BE REPRODUCED WITHOUT AUTHORIZATION





Republic of the Philippines  
 DILG REGION XII (SOCCSKSARGEN)  
**SYSTEM  
 PROCEDURE**

Document Code  
**SP-R12-05**

Rev. No.	Eff. Date	Page
00	10.01.17	2 of 3

Step No.	Responsible Personnel	PROCESS/ACTIVITY	Details	References
			Logbook. <ul style="list-style-type: none"> <li>Validate the complaint.</li> <li>If complaint is valid, proceed to step 4; else, prepare and send letter-reply to complainant duly noted by the Division Chief/OIC/Unit Head and approved by the Division/Head of Office</li> </ul>	<ul style="list-style-type: none"> <li>Letter-reply</li> </ul>
4	Action Officer	<ul style="list-style-type: none"> <li>Submit CCF to the QMS Secretariat</li> </ul>	<ul style="list-style-type: none"> <li>Submit a set of photocopied CCF together with the complaint and supporting documents, if any, to the QMS Secretariat not later than one (1) week after the complaint validation, for the issuance of Corrective Action Report (CAR) by the QMS Secretariat in accordance with the Nonconformity and Corrective Action Procedure.</li> </ul>	<ul style="list-style-type: none"> <li>Photocopies of CCF with Complaint and supporting documents, if any</li> <li>CAR</li> <li>Nonconformity and Corrective Action Procedure</li> </ul>
5	Action Officer	<ul style="list-style-type: none"> <li>Implement remedial (correction) action/s</li> </ul>	<ul style="list-style-type: none"> <li>Determine and implement remedial actions to address the complaint.</li> <li>Prepare and send letter-reply to complainant duly noted by the Division Chief/OIC/Unit Head and approved by the Division/Head of Office to inform the client of the action/s taken.</li> </ul>	<ul style="list-style-type: none"> <li>Client Complaint Form</li> </ul>
6	Action Officer	<ul style="list-style-type: none"> <li>Implement Corrective Action</li> </ul>	<ul style="list-style-type: none"> <li>Conduct root cause analysis and proceed to corrective action in accordance with the Corrective Action procedure.</li> </ul>	<ul style="list-style-type: none"> <li>CAR</li> <li>Nonconformity, Correction, and Corrective Action</li> </ul>

THIS DOCUMENT IS CONTROLLED AND NOT TO BE REPRODUCED WITHOUT AUTHORIZATION





Republic of the Philippines  
 DILG REGION XII (SOCCSKSARGEN)  
**SYSTEM  
 PROCEDURE**

Document Code		
<b>SP-R12-05</b>		
Rev. No.	Eff. Date	Page
00	10.01.17	3 of 3

Step No.	Responsible Personnel	PROCESS/ACTIVITY	Details	References
7	Designated Custodian	<ul style="list-style-type: none"> <li>Retain Records</li> </ul>	<ul style="list-style-type: none"> <li>Retain records in accordance with the Control of Retained Documented Information Procedure and Master List of Records.</li> </ul>	<ul style="list-style-type: none"> <li>Electronic database and hard copies of all complaints</li> <li>Control of Retained Documented Information Procedure</li> <li>Master List of Records.</li> </ul>

Prepared By	Reviewed By	Approved By
 <b>MARY ANN R. TRASPE</b> <b>QMS Secretariat            Head/TWG</b>	 <b>LAILYN A. ORTIZ, CESE</b> <b>Assistant Regional Director            Quality Management            Representative</b>	 <b>REYNALDO M. BUNGUBUNG, CESO IV</b> <b>Regional Director            Top Management</b>

THIS DOCUMENT IS CONTROLLED AND NOT TO BE REPRODUCED WITHOUT AUTHORIZATION





***This section is to be filled-up by the Receiving Officer:***

Received by: _____ (Name and Signature)	Date Received: _____
Name of Complainant: _____	

***This section is to be filled-up by the Division Chief or Head of Office:***

1. Referred to Division Chief/Head of Office: _____
2. Instruction: <input type="checkbox"/> Investigate/valid <input type="checkbox"/> Prepare response Deadline: _____
Special instruction: _____

***This section is to be filled-up by the concerned Division Chief / Unit head:***

3. Assigned Action Officer: _____
-----------------------------------

***This section is to be filled-up by the assigned Action Officer:***

Description of the Complaint: _____	Control No: _____ (YYYY-QP)
Code-Series) _____	
4. Evidence/s supporting documents submitted, if any: a) _____ b) _____ c) _____	
5. Initial Investigation Results: (use back-page if necessary) _____	
6. Findings: Complaint <input type="checkbox"/> va <input type="checkbox"/> not valid. Reason if not valid: _____	
_____ Signature of Action Officer	

7. Date submitted to Secretariat: _____	CAR No.: _____	Date: _____
---	----------------	-------------

Prepared By	Reviewed By	Approved By
 <b>MARY ANN R. TRASPE</b> QMS Secretariat Head/TWG	 <b>LAILYN A. ORTIZ, CESE</b> Assistant Regional Director Quality Management Representative	 <b>REYNALDO M. BUNGUBUNG, CESO IV</b> Regional Director Top Management

