



## COMPLAINTS AND INVESTIGATION DIVISION

### COMPLAINTS-ASSISTED FORM

**REMINDERS:** Complaints that are insufficient in form and in substance may cause the **outright dismissal** of your complaint. To avoid that:

1. Always fill out the Complaints-Assisted Form **legibly, completely and accurately**.
2. Do not forget to **attach all your evidence/proof** to support your complaint.
3. Submit **ONE COMPLAINT FORM PER RESPONDENT**.
4. Provide us with a **valid government issued I.D.** List of accepted government issued IDs:
  - Philippine Passport
  - Philippine Driver's License
  - PRC ID
  - Postal ID
  - Voter's ID
  - GSIS Card
  - SSS Card
  - TIN Card
  - Student ID

**PRIVACY NOTICE:** We collect the following personal information from you when you manually or electronically submit to us your complaint/s: *Full Name, Home address (Full Address see CAF Form), E-mail address, Contact number, ID information.*

**USE:** The collected personal information will be utilized solely for documentation and processing of your complaint/s within the NPC and, when appropriate, endorsement to other government agency/ies that has/have jurisdiction over the subject of your complaint.

**PROTECTION MEASURES:** Only authorized NPC personnel has access to this personal information, the exchange of which will be facilitated through email and hard copy. NPC will only retain personal data **as long as necessary** for the fulfillment of the purpose.

COMPLAINANT INFORMATION	
Name:	
Complete Address:	<i>Unit/Room/Floor/Bldg. No.</i> <span style="float: right;"><i>Building Name/Tower</i></span>
	<i>Lot/Block/Phase/House No.</i> <span style="float: right;"><i>Street Name</i></span>
	<i>Subdivision/Village/Zone, Barangay</i>
	<i>Town/District</i>
	<i>Municipality/City</i> <span style="float: right;"><i>Province</i></span>
	<i>Zip Code</i>
E-mail address:	
Contact number:	
	Female <span style="float: right;">Male</span>

RESPONDENT INFORMATION	
Name:	
Complete Address:	<i>Unit/Room/Floor/Bldg. No.</i> <span style="float: right;"><i>Building Name/Tower</i></span>
	<i>Lot/Block/Phase/House No.</i> <span style="float: right;"><i>Street Name</i></span>
	<i>Subdivision/Village/Zone, Barangay</i>
	<i>Town/District</i>
	<i>Municipality/City</i> <span style="float: right;"><i>Province</i></span>
	<i>Zip Code</i>
E-mail address:	
Contact number:	
	Female <span style="float: right;">Male</span>

**ALLEGATIONS:** Personal information that respondent has processed:  
*(List the personal information processed. Examples of personal information: name, age, address, marital status, email address)*

- 1.
- 2.
- 3.
- 4.
- 5.

**EXHAUSTION OF REMEDIES**

Contacted respondent, in writing, to allow respondent to act on the complaint

**Attach as supporting documents, any and all correspondence with the respondent on the matter complained:** *(Please list and properly identify all documents attached)*

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

Did not contact respondent. State reason:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VIOLATION SUBJECT OF COMPLAINT** *(Tick the box/es that may apply)*

- |  |  |
|--|--|
| <input type="checkbox"/> Sec. 25 Unauthorized Processing   | <input type="checkbox"/> Sec. 28. Processing for Unauthorized Purposes |
| <input type="checkbox"/> Sec. 26. Access due to Negligence | <input type="checkbox"/> Sec. 31. Malicious Disclosure                 |
| <input type="checkbox"/> Sec. 27. Improper Disposal        | <input type="checkbox"/> Sec. 32. Unauthorized Disclosure              |

Date and Time of the Incident: \_\_\_\_\_  
\_\_\_\_\_

Place of Incident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**RELIEFS PRAYED FOR:** (Tick the box/es)

*What would resolve this complaint for you? Minimum of one item must be selected. You may also opt to select a combination of the items provided. Please explain each item selected.*

Damages

Fine

Others, please describe

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I accomplished and reread the foregoing complaint and hereby attest that all the allegations contained therein are true and correct of my own personal knowledge and based on authentic records.

\_\_\_\_\_  
 Complainant  
 (Signature over Printed Name)

***Note: If the complainant wishes to apply for a temporary ban on processing of personal data, a separate application should be filed. It must be verified and shows facts entitling the complainant to the relief demanded.***

**SUBSCRIBED AND SWORN** to before me on this day of \_\_\_\_\_, affiant exhibiting to me his/her \_\_\_\_\_ I.D. with No. \_\_\_\_\_ issued on \_\_\_\_\_ at \_\_\_\_\_ bearing his/her photo and signature.

Doc. No. \_\_\_\_\_;  
 Page No. \_\_\_\_\_;  
 Book No. \_\_\_\_\_;  
 Series of \_\_\_\_\_.

**VERIFICATION AND CERTIFICATION  
OF NON-FORUM SHOPPING**

I, \_\_\_\_\_, Filipino, of legal age, and a resident of \_\_\_\_\_ after having duly sworn to in accordance with law, do hereby depose and state:

1. The allegations in the complaint are true and correct based on my personal knowledge, or based on authentic documents;
2. The complaint is not filed to harass, cause unnecessary delay, or needlessly increase the cost of litigation;
3. The factual allegations therein have evidentiary support or, if specifically so identified, will likewise have evidentiary support after a reasonable opportunity for discovery;
4. That I further certify that (a) I have not commenced any action or filed any claim involving the same issues in any court, tribunal or quasi-judicial agency and, to the best of my knowledge, no such other action or claim is pending therein; (b) if there is such other pending action or claim, a complete statement of the present status thereof; and (c) if I should thereafter learn that the same or similar action or claim has been filed or is pending, I shall report that fact within five (5) calendar days therefrom to this Honorable Commission .

**IN WITNESS WHEREOF**, I have hereunto affixed my signature this \_\_\_\_\_ day of \_\_\_\_\_ in \_\_\_\_\_.

\_\_\_\_\_  
Affiant  
(Signature over Printed Name)

**SUBSCRIBED AND SWORN** to before me on this day of \_\_\_\_\_, affiant exhibiting to me his/her \_\_\_\_\_ I.D. with No. \_\_\_\_\_ issued on \_\_\_\_\_ at \_\_\_\_\_ bearing his/her photo and signature.

Doc. No. \_\_\_\_\_;  
Page No. \_\_\_\_\_;  
Book No. \_\_\_\_\_;  
Series of \_\_\_\_\_.