



**LOCAL GOVERNMENT UNIT OF STA. ELENA**  
**Public Assistance and Information Desk**  
**Aksyon Agad Para sa Taumbayan**



---

---

**Form No. 3 - COMPLAINT (Reklamo)**

---

---

Date/Petsa \_\_\_\_\_

Name of Complainant: \_\_\_\_\_ Tel./Fax/Cellphone No. \_\_\_\_\_  
(Pangalan ng Nagrereklamo) (Telepono) \_\_\_\_\_

Office Address: \_\_\_\_\_  
(Tanggapan/Lugar)

Residence Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
(Tirahan)

Name of Person Being Complained of: \_\_\_\_\_  
(Pangalan ng Inerereklamo)

Position/Office: \_\_\_\_\_  
(Posisyon/Tanggapan)

Particulars of Complaint (Detalye ng Reklamo) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature (Lagda)