



Republic of the Philippines  
Office of the Ombudsman  
Agham Road, Quezon City

## REQUEST FOR ASSISTANCE INFORMATION SHEET

### REQUESTER'S INFORMATION

RAS-C-05 \_\_\_\_\_

Requester's/Caller's Name: \_\_\_\_\_ Date \_\_\_\_\_

Occupation/Company: \_\_\_\_\_

Address/Telephone No: \_\_\_\_\_

### REQUEST:

\_\_\_\_\_ Assistance                      \_\_\_\_\_ Information  
\_\_\_\_\_ Advice                              \_\_\_\_\_ Others

### CONCERNED AGENCY / PERSON(S) COMPLAINED OF:

Name / Position: \_\_\_\_\_

Agency / Address: \_\_\_\_\_

Telephone No(s): \_\_\_\_\_

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### NATURE / DETAILS:

\_\_\_\_\_  
Requester's Signature

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### ACTION TAKEN:

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Assisted by: \_\_\_\_\_ Position: \_\_\_\_\_