



Republic of the Philippines  
Office of the Ombudsman

## REQUEST FOR ASSISTANCE (OMB Form 2)

Walk-in  Phone-in

RAS -

OFA -

Last Name

First Name

Middle Name

Contact Number

Age :

Sex

Residence/

Business Address :

House No./Blk. No.

Street Name

Barangay

City/Municipality

Province

Zip Code

Contact Information : Mobile :

Landline :

e-Mail Address :

Nature of Request/s :

 Oath Financial Support Follow-up letters/  
documents/transactions Legal Query/Legal Advice Referral to other  
Agency Medical Assistance Money Claims Others, please specify

Agency/Person/s complained of :

Name

Position

Agency/Address

e-Mail Address/  
Contact No.

NATURE/DETAILS (use back page, if necessary)

I declare that the answers given above are true and correct to the best of my knowledge and belief.

By signing below, I agree to the Ombudsman Privacy Policy and give my consent to the collection and processing of my personal data in accordance thereto.

Signature Over Printed Name of Client :

Date

TO BE ACCOMPLISHED BY THE ACTION OFFICER

Valid Identification Card presented by the CLIENT, for administration of oath

Type

ID Number

Issuing Agency/Company

Documents under oath

ACTION(S) TAKEN:

This is to certify that I am not related to the complainant or person subject of the complaint

Signature Over Printed Name of Action Officer :

Date

Actions taken/to be taken on my request were fully explained to me by the Action Officer.

Signature Over Printed Name of Client :

Date

FINAL DISPOSITION:

Remarks:

APPROVED/DISAPPROVED

Signature Over Printed Name of Director

Date