



Republic of the Philippines
Office of the Ombudsman

FOR OMB USE:

OMB FORM 3 CONTROL NO.: _____

Date and Time Received: _____

Receiving Officer: _____

REQUEST FOR COPY OF COMPLAINT/CASE DOCUMENTS (OMB Form 3)

Date of Request: _____

Sex: _____

Last Name

First Name

Middle Name

Address:

House No./Blk. No.

Street Name

Barangay

City/Municipality

Province

Zip Code

Contact Number/s:

Mobile

Landline

Please check one box:

Complainant

Counsel

Authorized
Representative

Others, please specify

Respondent/Accused

OMB Case/Reference No.: _____

Case Title: _____

INSTRUCTIONS TO REQUESTER: 1. Put a check (/) on the box of the documents requested.

2. Write the number of requested certified true/plain copies of the document

Documents	Number of Copies		Documents	Number of Copies	
	Certified True Copy	Plain copy		Certified True Copy	Plain copy
<input type="checkbox"/> Complaint Affidavit			<input type="checkbox"/> Resolution		
<input type="checkbox"/> Exhibits/Annexes			<input type="checkbox"/> Decision		
<input type="checkbox"/> Counter-Affidavit			<input type="checkbox"/> Order		
<input type="checkbox"/> Reply			<input type="checkbox"/> Motion for Reconsideration		
<input type="checkbox"/> Position Paper					
<input type="checkbox"/> Others, Specify					

Specify purpose of request for non-parties:

Valid identification (ID) card/s presented

Identification Card presented by the CLIENT		
Type	ID Number	Issuing Agency/Company

Identification Card presented by the REPRESENTATIVE		
Type	ID Number	Issuing Agency/Company

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