Republic of the Philippines
Office of the Ombudsman

REDRESS FORM (OMB Form 5)

Date: _____

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

Concern/s regarding.... **Please put a check (√)** ☐ **Personnel** ☐ **Policy** ☐ **Procedure** ☐ **System** ☐ **Facility**

What are the details of your concern/s?

_____

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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

ACTIONS TAKEN BY THE HEAD OF THE CONCERN BUREAU/DIVISION

_____

_____

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_____

_____
Name and Signature

Position: _____

Office: _____

THIS FORM IS NOT FOR SALE. THIS CAN ALSO BE DOWNLOADED THRU THE OMBUDSMAN WEBSITE AT www.ombudsman.gov.ph