



**COMPLAINT CHECKLIST FORM (OMB Form 6)**

\_\_\_\_\_  
**CASE/REFERENCE NO.**

**PLEASE COMPLY WITH THE FOLLOWING REQUIREMENTS:**

DOCUMENT	NO. OF COPIES
<input type="checkbox"/> Complaint-Affidavit (Verified/Under Oath)	<input type="text"/>
<input type="checkbox"/> Annexes/Exhibits/Attachments with Markings	<input type="text"/>
<input type="checkbox"/> Verified Certificate of Non-Forum Shopping (CNFS)	<input type="text"/>

Remarks:  
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\_\_\_\_\_  
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\_\_\_\_\_  
Signature Over Printed Name  
Receiving Personnel

\_\_\_\_\_  
Date

**ACKNOWLEDGED BY:**

\_\_\_\_\_  
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Client

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