OMB Form 2 - December 2019

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 _____

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