



Republic of the Philippines
Office of the Ombudsman
Agham Road, Diliman, Quezon City

CONTACT US:

PAB Hotline : (02) 926-2662
Trunkline : (02) 479-7300 loc. 2101/2104
Email : pab@ombudsman.gov.ph
Website : www.ombudsman.gov.ph

NOT FOR SALE

REQUEST FOR ASSISTANCE

CONFORME:

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

Signature of Client Over Printed Name

Walk-in

Phone-in

RAS - ____ - ____ - _____

OFA- ____ - ____ - _____

TO BE ACCOMPLISHED BY THE REQUESTER

1. Name of Requester/Caller : _____ 2. Sex Male Female

3. Age : 20 and below 21-40 41-60 61 and above

4. Residence/Business Address : _____
House No./Blk. No. Street Barangay
City/Municipality Province

5. Contact Information : Mobile : _____ Landline : _____ e-Mail Address : _____

6. Nature of Request/s : Oath Follow-up status of OMB Case Follow-up letters/documents/transactions Query/Legal advice
Please Check (/) appropriate box Referral Medical/Financial Money claims Others, please specify _____

7. Agency/Person/s complained of :

	Name	Position	Agency/Address	e-Mail Address/ Contact No.
a.				
b.				
c.				

NATURE/DETAILS (use back page, if necessary)

NOT FOR SALE

Please check (/) appropriate box:

Yes, this is my first time in seeking the assistance of the Office of the Ombudsman regarding this matter.

No, I previously sought the assistance of the Office of the Ombudsman regarding this matter on _____

The name of the Action Officer was _____

Name of Assisting OMB Employee

PAB/OMB-Luz/OMB-Vis/OMB-Min/MOLEO

TO BE ACCOMPLISHED BY THE PAB ACTION OFFICER

ACTION(S) TAKEN: _____

Name/Signature : _____

Date : _____

APPROVED/DISAPPROVED

FINAL DISPOSITION: _____

Name/Signature : _____

Date : _____

Director, Public Assistance Bureau