DSWD
Department of Social Welfare and Development

GRIEVANCE FORM

Pantawid Pamilyang Pilipino Program

PLEASE FILL IN *REQUIRED DETAILS AND MARK ALL APPLICABLE BOXES WITH AN "X". | **TRACKING #:**

I. COMPLAINANT INFORMATION

Complainant Type	☐	Beneficiary	☐	Non-beneficiary	☐	MCCT	**Confidential?**	☐	Yes	☐	No

Household ID # (if necessary):	Set:	Client Status:
Name: *(First, Middle, Last)*	Sex:	IP Affiliation:
Address: *(Street, Brgy, City/Muni, Province, Region)*		Contact #:

Date Filed:

II. GRIEVANCE INFORMATION

CHECK THE BOX THAT BEST DESCRIBES YOUR GRIEVANCE

1. Payment Issue

		Year	Period
☐	No payment		
☐	Underpayment	_____	_____
☐	Overpayment	_____	_____
☐	Unclaimed payment	_____	_____
☐	SSI payment issues	_____	_____

2. Cash Issue

- ☐ No card
- ☐ Inaccessible account
- ☐ No top-ups
- ☐ Lost card
- ☐ Stolen card
- ☐ Damaged card
- ☐ Perforated card
- ☐ Captured card
- ☐ Locked/Hot card
- ☐ Blocked card
- ☐ Delayed card
- ☐ Delayed fund transfers
- ☐ Delayed name-matching

Cash Card No.: _____

3. Inclusion request

- ☐ Transient poor
- ☐ Chronic poor
- ☐ Extreme poor

Date of Birth:_____

4. Disqualification

- ☐ With regular income
- ☐ With high-value property
- ☐ With relative abroad

Name of HH Concerned:_____
Address: _____

5. Misbehavior: ( )1st Offense ( )2nd Offense ( )3rd Offense

- ☐ Vices
- ☐ Gambling
- ☐ Pawning
- ☐ Misrepresentation
- ☐ Beneficiary fraudulence
- ☐ Collection of any kind
- ☐ Persuasion
- ☐ Disinformation

Name of HH Concerned:_____
Address: _____

6. Appeal

- ☐ Appeal for reactivation
- ☐ Appeal for reinstatement

7. Facility issue

- ☐ Inadequate education services and/or facilities
- ☐ Inadequate health services and/or facilities

8. Implementer issue

- ☐ Imposition of additional conditions
- ☐ Discourtesy
- ☐ Collection of any kind
- ☐ Implementer fraudulence
- ☐ Incorrect reporting of data and information
- ☐ Inaction to requests
- ☐ Delayed action to requests

Other required information:
Name of implementer Concerned:_____
Office Concerned: _____
Address: _____

PLEASE DESCRIBE THE COMPLAINT USING THE BACK PAGE FOR ADDITIONAL DETAILS.

III. RESOLUTION INFORMATION

TO BE COMPLETED BY PANTAWID PAMILYA STAFF/GRIEVANCE OFFICER/CITY/MUNICIPAL LINK.

Initial Resolution:

This form has been thoroughly discussed with me and all information disclosed herein should not be used against me.

Complainant's Signature:	**Assisted By:** _____ *Signature over Printed Name and Designation*
Date:	**Date Assisted:**

THIS SERVES AS YOUR GRIEVANCE STUB.

DATE FILED:

Name:	Household ID #:	Address:

Type of grievance filed:

For follow-up, please contact:

- ☐ Payment Issue
- ☐ Cash Issue
- ☐ Inclusion request
- ☐ Disqualification
- ☐ Misbehavior
- ☐ Appeal
- ☐ Facility issue
- ☐ Implementer issue

Status ☐ Ongoing ☐ Resolved

Remarks:

Name:	Designation:	Contact Number:

Complaint Description
Resolution Details

For Pantawid Pamilya staff use only. Updates on the filed grievances may be provided here.

Date	Updates	Updated By: