

PUBLIC ASSISTANCE AND INFORMATION

Mamamayan Muna Hindi Mamaya Na Program

Form 3 - COMPLAINT (REKLAMO)

Name of Complainant: (Pangalan ng Nagrereklamo)	<input type="text"/>	Date	<input type="text"/>
Office/Address: (Tanggapan/Adres)	<input type="text"/>	Mobile #	<input type="text"/>
Residence Address: (Tirahan)	<input type="text"/>		
Name of Person Being Complained: (Pangalan ng Inirereklamo)	<input type="text"/>		
Position/Office: (Posisyon/Tanggapan)	<input type="text"/>		

Reason for Complaint (Dahilan ng Reklamo):

Human Resource Management Office, Apayao State College, Conner, Apayao 3807

hmo.asc@gmail.com

adapted from the Civil Service Commission

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