

**COMPLAINANT INFORMATION**(Impormasyon ng Nagrereklamo)

<b>Last Name</b> ( <i>Apelyido</i> ):		<b>Middle Name</b> ( <i>Gitnangpangalan</i> ):	
<b>First Name</b> ( <i>Unangpangalan</i> ):		<b>Alias</b> ( <i>Alyas</i> ):	
<b>Date of Birth</b> ( <i>Kapanganakan</i> ):	<b>Age</b> ( <i>Edad</i> ):	<b>Corporation or Company being represented:</b>	
<b>Sex</b> ( <i>Kasarian</i> ): <input type="checkbox"/> Male/Lalaki <input type="checkbox"/> Female/Babae		<b>Citizenship</b> ( <i>Pagkamamamayan</i> ): If foreigner indicate Passport or ACR No.: _____	
<b>Civil Status:</b> <input type="checkbox"/> married <input type="checkbox"/> single <input type="checkbox"/> others (Pls. Specify): _____		<b>Occupation</b> ( <i>Trabaho</i> ): <input type="checkbox"/> private <input type="checkbox"/> government <input type="checkbox"/> others (Pls. Specify): _____	
<b>Present Address</b> ( <i>Kasalukuyang Tirahan</i> ):		<b>Profession</b> ( <i>Propesyon</i> ): _____	
<b>Permanent Address</b> ( <i>Permanenteng Tirahan</i> ):			
<b>Telephone/Mobile Number</b> ( <i>Telepono</i> ):		<b>E-mail Address:</b>	
<b>Other Information:</b> <input type="checkbox"/> Person with Disability/May Kapansanan <input type="checkbox"/> Senior Citizen/Nakakatandang Mamamayan <input type="checkbox"/> Ethnic Affiliation/Tribo (Pls. Specify): _____		Religion/Relihiyon: _____ Others (Pls. Specify): _____	
<b>Name of Legal Counsel/s</b> (Abogado):		<b>Email Address:</b>	

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<b>Other Information:</b> <input type="checkbox"/> Person with Disability/May Kapansanan      Religion/Relihiyon: _____ <input type="checkbox"/> Senior Citizen/Nakakatandang Mamamayan      Others (Pls. Specify): _____ <input type="checkbox"/> Ethnic Affiliation/Tribo (Pls. Specify): _____	
<b>Offense</b> ( <i>Krimen</i> ):	<b>Counts</b> (Bilang Ng Kaso):
<b>Date and Time</b> ( <i>Petsa at oras ng pangyayari</i> ):	<b>Place</b> ( <i>Lugar ng pinangyarihan</i> ):

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