



Republic of the Philippines
 Department of Justice
National Prosecution Service
 OFFICE OF THE CITY PROSECUTOR
 CITY OF MUNTINLUPA

To be accomplished by the Office

DATE RECEIVED _____	DOCKET NUMBER _____
Time Received _____	
Receiving Staff _____ <i>(stamped and initialed)</i>	ASSIGNED TO _____
	DATE ASSIGNED _____

To be accomplished by the complainant/counsel/law enforcer (use back portion or additional forms, if necessary)

COMPLAINANT INFORMATION (Impormasyon ng Nagrereklamo)

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

RESPONDENT INFORMATION (Impormasyon ng Nirereklamo)

Last Name (Apelyido): _____	Middle Name (Gitnangpangalan): _____
First Name (Unangpangalan): _____	Alias (Alyas): _____
Date of Birth (Kapanganakan): _____	Age (Edad): _____
Corporation or Company being represented: _____	
Sex (Kasarian): <input type="checkbox"/> Male/Lalaki <input type="checkbox"/> Female/Babae	Citizenship (Pagkamamamayan): If foreigner indicate Passport or ACR No.: _____

Civil Status: <input type="checkbox"/> married <input type="checkbox"/> single <input type="checkbox"/> others (Pls. Specify): _____	Occupation (Trabaho): <input type="checkbox"/> private <input type="checkbox"/> government <input type="checkbox"/> others (Pls. Specify): _____ Profession (Propesyon): _____
Present Address (Kasalukuyang Tirahan):	Permanent Address (Permanenteng Tirahan):
Telephone/Mobile Number (Telepono):	E-mail Address:
Other Information: <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): _____	
Offense (Krimen):	Counts (Bilang Ng Kaso):
Date and Time (Petsa at oras ng pangyayari):	Place (Lugar ng pinangyarihan):

WITNESSES (Saksi)

Last Name (Apelyido):	Middle Name (Gitnang pangalan):
First Name (Unang pangalan):	Address (Tirahan):

NAME (Pangalan ng Evidensiya)	DESCRIPTION (Descripsyon)
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Documents and Evidences Submitted:

_____	_____
_____	_____
_____	_____
_____	_____

1. Has a similar complaint been filed before any other office? * Yes No

2. Is this complaint in the nature of a counter-charge? * Yes No

If yes, indicate details.

3. Is this complaint related to another case filed before this Office? * Yes No

If yes, indicate details.

CERTIFICATION*

I CERTIFY, under oath, that all information in this sheet are true and correct to the best of my knowledge and belief, that I have not commenced any action or file any claim involving the same issues in any court, tribunal, or quasi-judicial agency, and if I should thereafter learn that a similar action has been filed and/or pending, I shall report that fact to this Honorable Office within five (5) days from knowledge thereof.

Further, I agree to be served notices via mobile phone or email accounts provided above, which shall be considered as official notice to me.

(Signature over printed name)

Complainant/Counsel /Law Enforcer

SUBSCRIBED AND SWORN TO before me this ____day of _____, in Muntinlupa City.

(Prosecutor Administering Oath)

**1,2,3 & Certification need not be accomplished for Inquest cases*

DATA PRIVACY

I consent to the use and processing of my personal data in accordance with the Data Privacy Act of 2012 (RA 10173). I understand that the Office of the City Prosecutor, Muntinlupa City holds certain personal information about me for the purpose of processing this complaint, and that it may also transfer this Data to any third party for any related purpose. I authorize the Office of the City Prosecutor to receive, possess, use, retain, and transfer Data, in electronic or other form for legitimate purposes. I also understand that I may, at any time, review the Data, require any necessary changes, or withdraw my consent in writing by contacting the office.

DATA PRIVACY AND CONFIDENTIALITY NOTICE

This document is strictly for the use of the Office of the City Prosecutor, Muntinlupa City and may not be reproduced or circulated without its prior written consent. If you are not a party to the case, you may not disclose or use the information in this document in any way.

(Signature over printed name)