



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

REQUEST FOR ASSISTANCE INFORMATION SHEET

REQUESTER'S INFORMATION

RAS-C-05 _____

Requester's/Caller's Name: _____ Date _____

Occupation/Company: _____

Address/Telephone No: _____

REQUEST:

_____ Assistance _____ Information
_____ Advice _____ Others

CONCERNED AGENCY / PERSON(S) COMPLAINED OF:

Name / Position: _____

Agency / Address: _____

Telephone No(s): _____

NATURE / DETAILS:

Requester's Signature

ACTION TAKEN:

Assisted by: _____ Position: _____