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	Date Filed:

Household ID #: Set: Client Status:

Name: *(First, Middle, Last)* Sex: IP Affiliation:

Address: *(Street, Brgy, City/Muni, Province, Region)* Contact #:

II. GRIEVANCE INFORMATION

CHECK THE BOX THAT BEST DESCRIBES YOUR GRIEVANCE.

1.Payment-related issues

- ☐ No cash grants
- ☐ Reduced grants
- ☐ Unclaimed grants
- ☐ Overpayment
- ☐ No rice grants/reduced rice grants

YEAR: 20____			
☐	P1 (Feb)	☐	P4 (Aug)
☐	P1 (Mar)	☐	P4 (Sep)
☐	P2 (Apr)	☐	P5 (Oct)
☐	P2 (May)	☐	P5 (Nov)
☐	P3 (Jun)	☐	P6 (Dec)
☐	P3 (Jul)	☐	P6 (Jan)

2.Cash card-related issues

- ☐ EMV Card issues
- ☐ Lost cash card
- ☐ Stolen cash card
- ☐ PIN issues
- ☐ Damaged card
- ☐ Perforated card
- ☐ Captured card
- ☐ Hotcarded /Blocked card
- ☐ Multiple accounts

3.Ineligibility

- ☐ With regular income
- ☐ With property/ies and or business/es
- ☐ With support from relatives abroad
- ☐ Local official

4.Misbehavior of Beneficiary

- ☐ Misuse of grants (CC pawning)
- ☐ Misuse of grants (vices)
- ☐ Collection of any kind
- ☐ Misrepresentation and falsification of documents
- ☐ Unethical behavior

5.Appeals

- ☐ Delisted/deactivated thru GRS
- ☐ Delisted/deactivated thru BUS/others

6.Facility issues

- ☐ No school facility
- ☐ No health facility

7.Grievance on staff performance

- ☐ Inaction to request
- ☐ Collection of any kind
- ☐ Unethical behavior
- ☐ Imposing additional condtions

8.Grievance on partner performance

- ☐ Collection of any kind
- ☐ Unethical behavior
- ☐ Imposing additional conditions
- ☐ Incorrect remarks in CV forms
- ☐ Non-provision of health/education services

9.Gender-based violence / Gender-related issues

- ☐ Gender-based violence (within the family):_____
- ☐ Gender-based violence (outside the home):_____
- ☐ In especially difficult circumstances:_____
- ☐ Gendered vulnerabilities:_____

10.Social Services Intervention Issues

- ☐ Delayed receipt of starter kit
- ☐ Substandard starter kit
- ☐ Inappropriate skills training
- ☐ Collection of any kind
- ☐ Misuse of house rental subsidy

12.Others

- ☐ Philhealth issues
- ☐ Scholarship issues
- ☐ SLP issues

PLEASE DESCRIBE THE COMPLAINT HERE. USE 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: HH ID #: Address:

Type of grievance filed:

- ☐ Payment-related issues
- ☐ Cash card-related issues
- ☐ Ineligibility
- ☐ Misbehavior of Beneficiary
- ☐ Appeals
- ☐ Facility issues
- ☐ Grievance on staff performance
- ☐ Grievance on partner performance
- ☐ Gender-based violence/Gender-related issues
- ☐ Social services intervention issues
- ☐ Others

Status: ☐ Ongoing ☐ Resolved

Remarks:

For follow-up, please contact:

Name: Designation: Contact #:

GRD/GRS Form 2019 version

COMPLAINT DESCRIPTION

RESOLUTION DETAILS

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

Date	Updates	Updated By: