Republic of the Philippines
PEOPLE'S LAW ENFORCEMENT BOARD
Quezon City, Metro Manila
Tel No.: 988-4242 Local 8136

COMPLAINT SHEET

Complainant/s:
1._____
Address:_____
2._____
Address:_____
3._____
Address:_____

Respondent/s:
1._____
Address:_____
2._____
Address:_____
3._____
Address:_____

Telephone No.: _____
Offense Charged: _____
When and Where Offense Committed: _____
Has the matter been reported to police Agency? NO_____ YES_____
If yes, in what Police Agency? _____
Has a similar complaint been filed before any other office? NO_____ YES_____
If your answer is yes, in what Office? _____
Is the matter complained with the subject/s of any Court Action? NO_____ YES_____
If your answer is yes, in what Court? _____
What consideration/s impelled you to report to this Office? _____
_____
Brief Statement of Material/Relevant facts:
_____
_____
_____
Aggravating Circumstance/s _____
_____
Witness/es:
1. _____
Address: _____
2_____
Address: _____
5. _____
Address: _____

3. _____
Address: _____
4. _____
Address: _____
6. _____
Address: _____

Quezon City, Metro Manila, _____

I HEREBY CERTIFY THE FOREGOING STATEMENT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

_____
Signature of the Complainant

THIS IS TO CERTIFY THAT I HAVE PERSONALLY EXAMINED THE COMPLAINANT AND I AM SATISFIED THAT HE/SHE VOLUNTARILY EXECUTED AND UNDERSTOOD HIS/HER AFFIDAVIT.

ADMINISTERING OFFICER