



CITY GOVERNMENT OF PARAÑAQUE



GRIEVANCE AND APPEAL FORM FOR AYUDA 2

Barangay Grievance/Appeal Reference No: <i>(To be filled up by the BGAT)</i>		Date and Time Filed:
NAME OF BENEFICIARY: (SURNAME) (FIRST NAME) (MIDDLE INITIAL)		
RESIDENTIAL ADDRESS:		
A. CONTACT INFORMATION OF THE BENEFICIARY		
Mobile Number	Landline Number	Email Address
B. NATURE/SUBJECT OF GRIEVANCE/APPEAL		
<input type="checkbox"/> Non-inclusion in the listing of beneficiaries of cash assistance <input type="checkbox"/> Anomalies/irregularities in the distribution of cash assistance <input type="checkbox"/> Violation of Minimum Public Health and Safety Protocols during the distribution. Please specify violation: _____ <input type="checkbox"/> Other concerns: _____		
C. DETAILS OF THE GRIEVANCE/APPEAL (Kindly attach any supporting documents or proof to validate below grievance or appeal. Please note that this will be included in the monitoring and inspection report of the barangay)		
D. UNDERTAKING: This is to certify that above details and supporting documents in filing this grievance/appeal has been validated by the complainant/beneficiary. I understand that any misrepresentation or false details on this request will be punishable in accordance with applicable laws, rules and regulations.		
_____ SIGNATURE OVER PRINTED NAME OF THE BENEFICIARY (If representative, please attached a valid IDs and authorization from the beneficiary)		
<i>(TO BE FILLED UP BY THE BGAT)</i>		
Name of Barangay Grievance/Appeal Officer:		
Date and Time of Receipt of Grievance/Appeal:		
Immediate Action Taken: (Based on the preliminary assessment/interview with the beneficiary/appellant. This will be endorsed to the City Grievance and Appeal Committee)		
Recommendation: <input type="checkbox"/> For approval of the Barangay Grievance and Appeal Committee <input type="checkbox"/> For denial based on the findings on monitoring and inspection report. (Please see attached report) <input type="checkbox"/> For submission of additional supporting documents. Please specify: _____ Noted by: _____ Name of the Team Lead Barangay Grievance and Appeal Committee	List of Documents Submitted by Appellant: 1. 2. 3. 4. 5.	

The appellant/claimant must justify and submit evidence to prove his/her claims. Documentary requirements such as government issued ID of the claimant, proof of Parañaque residence, and other documents showing the appellant/claimant's qualifications as an eligible beneficiary of the ayuda shall be presented and copies of which shall be attached to this form.