



Republic of the Philippines
NATIONAL TELECOMMUNICATIONS COMMISSION
 BIR Road, East Triangle, Diliman, Quezon City

CLIENT FEEDBACK FORM

INSTRUCTIONS:

- (1) Accomplish this application form properly, in ALL CAPS, handwritten or computer-printed.
- (2) Attach the complete requirements including supporting documents.
- (3) Check (✓) appropriate box. Indicate "N/A" for items not applicable.

NATURE OF FEEDBACK

<input type="checkbox"/>	REMARKS/ COMMENTS	<input type="checkbox"/>	COMMENDATIONS (SERVICES, EMPLOYEES, FACILITY, ETC.)
<input type="checkbox"/>	SUGGESTION/S	<input type="checkbox"/>	OTHERS: (PLEASE SPECIFY)
<input type="checkbox"/>	COMPLAINT		<input style="width: 200px;" type="text"/>

CLIENT'S DETAILS

Name*		Contact Number*	
Complete Address*			
		Email Address	

RECIPIENT(S) OF REMARKS/ COMMENTS/ SUGGESTIONS/ COMPLAINTS/ COMMENDATION/ OTHERS

Name/s*		Position	

Note: Continue at the back of the page, if necessary

DOCUMENTARY EVIDENCE (Please attach copy, if applicable)

1.		4.	
2.		5.	
3.		6.	

Note: Documentary Evidence(s) are mandatory for filing of complaints. Continue at the back of the page, if necessary

NARRATIVE/ DETAILS

Note: For complaints, please include relevant facts and evidence which shows the acts allegedly committed by the NTC employee(s)

DECLARATION

I hereby declare that all the above entries are true and correct. Under the Revised Penal Code, I shall be held liable for any willful false statement(s) or misrepresentation(s) made in this application form that may serve as a valid ground for the denial of this application and/or cancellation/revocation of the permit issued/granted. Further, I am freely giving full consent for the collection and processing of personal information in accordance with Republic Act No. 10173, Data Privacy Act of 2012.

Signature over Printed Name of Client /
Duly Authorized Signatory/Representative

Date Accomplished