



GENERAL HEADQUARTERS
ARMED FORCES OF THE PHILIPPINES
OFFICE OF THE PROVOST MARSHAL GENERAL
Camp General Emilio Aguinaldo, Quezon City
PLDT Nr (02) 912-1369

COMPLAINT SHEET

CASE NUMBER: _____

INSTRUCTIONS: Please read carefully before accomplishing this complaint sheet. If you make false statement, you may be sued in the court for Perjury and/or other cases.

I. How prepared _____
In person () _____
Others () _____
If previously reported to other agency _____
To whom: _____
By whom: _____
How & When: _____

II. Complainant/(s) _____
3. Rank 4. Last Name 5. First Name 6. MI 7. Address _____
Tel Nr _____

III. Respondent/(s) _____
8. Rank 9. Last Name 10. First Name 11. MI 12. AFPSN/BOS _____
Tel Nr _____

IV. Assignment _____
13. Unit Assignment 14. Unit Address 15 Home Address _____

V. Offense/(s) _____
16 Nature of Offense(s) 17. Where & When the offense committed _____

VI. Witness/(es) _____
18. Name 19. Address Tel Nr _____

VII. Reason for filing this complaint _____

VIII. Date of Complaint Filed Receiving Officer/NCO _____

IX. The complainant was advised of his/her rights and responsibility in connection with the filing of this complaint: _____

X. Narration of Complaint/Affidavit _____

(Affiant/Complainant)

SUBSCRIBED AND SWORN to before me this _____ day of _____ 20 __ at the Office of
The Provost Marshal General, AFP, Camp General Emilio Aguinaldo, Quezon City.

(Administering Officer)

(Affiant/Complainant)

SUBSCRIBED AND SWORN to before me this _____ day of _____ 20 __ at the Office of
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