



I. OFFICE OR DIVISION

PROTECTIVE SERVICES DIVISION - CIS

II. SERVICE CLASSIFICATION

SIMPLE

III. SCHEDULE OF AVAILABILITY OF SERVICE

MONDAY- FRIDAY (8:00 AM-5:00 PM)

IV. WHO MAY AVAIL OF THE SERVICE

Indigent, marginalized, and vulnerable/disadvantaged individuals and families or are otherwise in crisis situation based on the assessment of the Social Worker

WHAT ARE THE REQUIREMENTS?

WHERE TO SECURE

to be interviewed (1 original and 1 photocopy)

1. Valid identification card of the client / person Preferably issued by any government agencies such as but not limited to:

- Philippine Statistics Authority (PhilSys ID)
- Social Security System/Government Service Insurance System (UMID ID, SSS/GSIS ID)
- Philhealth (Philhealth ID)
- Land Transportation Office (Driver's License)
- Professional Regulation Commission (PRC ID)
- Overseas Workers Welfare Administration (OWWA ID)
- Department of Labor and Employment (iDOLE)
- Pag-IBIG Fund (PAG-IBIG ID)
- Commission on Election (Voter's ID or Voter's Certification)
- Post Office (Postal ID)
- Department of Foreign Affairs (Philippine Passport)
- National Bureau of Investigation (NBI Clearance)
- Department of Social Welfare and Development (4Ps ID)
- Local Government Unit
 - PWD ID
 - Solo Parent ID
 - City/Municipal ID
 - Barangay ID
 - Office of Senior Citizen Affairs (OSCA ID)
- Police Clearance
- or any ID preferably with validity date, and picture and signature of the client.
- In extremely justifiable circumstances, Barangay Certification certifying the identity of the client may be presented in lieu of an Identification Card.
- Beneficiary of Assistance except for those who do not have the capacity to act or below 18 years old

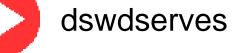
2. Signed Authorization Letter (if applicable) (1 Original)









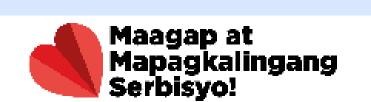






WHERE TO SECURE WHAT ARE THE REQUIREMENTS? TRANSPORTATION ASSISTANCE 3. Other supporting document/s such as but are Police Station - Police Blotter limited to, medical certificate, death • Hospitals/clinic - medical abstract not Court- court order/subpoena certificate, and/or court order or subpoena Social worker-justification (1 Original or Certified true copy) MEDICAL ASSISTANCE FOR HOSPITAL BILL 3. Medical Certificate or Clinical Abstract or • Medical records of the Hospital/Clinic or the Discharge Summary or Alagang Pinoy Attending Physician Tagubilin Form with Diagnosis with complete name, license number and signature of the Physician issued within three months (1 Original or Certified true copy) 4. Hospital bill or Statement of Account • Statement of Account - Billing Office of the (outstanding balance) with name and hospital signature of billing clerk or Certificate of Certificate of Balance and Promissory Note balance and Promissory Note signed by the - Credit and Collection Office credit and collection officer or billing clerk. (1 Original) 5. Social Case Study Report/ Case Summary. Registered Social Worker in public or private practice. (1 Original) DSWD LSWDO NGO Medical Social Service MEDICAL ASSISTANCE FOR MEDICINE/ ASSISTIVE DEVICE Medical Certificate/ Clinical Abstract/Medical records of the Hospital/Clinic or the Discharge Summary/Alagang Pinoy Tagubilin Attending Physician Form with Diagnosis with complete name, license number and signature of the Physician issued within three months (1 Original Certified true copy) 4. Prescription with date of issuance, complete Attending Physician from a hospital/clinic. name, license number and signature of the Physician issued within three months. (1 Original) If the amount of assistance being requested exceeds PhP10,000.00, the following shall be required as additional requirements 5. Quotation of Medicine or Assistive Device Service Provider (1 Original) 6. Social Case Study Report/ Case Summary. Registered Social Worker public or private practice. (1 Original) DSWD LSWDO NGO Medical Social Service













WHAT ARE THE REQUIREMENTS? WHERE TO SECURE MEDICAL ASSISTANCE FOR LABORATORY Medical Certificate/ Clinical Abstract/ • Attending Physician or from Medical Records Discharge Summary/Alagang Pinoy Tagubilin of the hospital/clinic. Form with Diagnosis with complete name, license number and signature of the Physician issued within three months (1 Original Certified true copy) 4. Laboratory Requests or Laboratory Protocol • Attending Physician from a hospital/clinic or Doctor's Order with name, license number, and signature of the Physician (1 Original) If the amount of assistance being requested exceeds PhP10,000.00, the following shall be required as additional requirements 5. Quotation of Laboratory Service Provider (1 Original) 6. Social Case Study Report or Case Summary. Registered Social Worker in public or private (1 Original) practice. DSWD LSWDO NGO Medical Social Service FUNERAL ASSISTANCE FOR FUNERAL BILL 3. Death Certificate/ Certification from the Tribal • City/Municipal Hall (Civil Registry Office), Chieftain Hospital, Funeral Parlor, Tribal Chieftain or (1 Original or Certified true copy) lmam 4. Promissory Note or Certificate of Balance or • Authorized staff of the Funeral Parlor/ Statement of Account Memorial Chapel (1 Original) Authorized staff of the 5. Funeral Contract Funeral Parlor/ (1 Original) Memorial Chapel If the amount of assistance being requested exceeds PhP10,000.00, the following shall be required as additional requirements 6. Social Case Study Report or Case Summary. Registered Social Worker in public or private (1 Original) practice. DSWD LSWDO NGO Medical Social Service FUNERAL ASSISTANCE FOR TRANSFER OF CADAVER 3. Death Certificate/ Certification from the Tribal • City/Municipal Hall (Civil Registry Office), Chieftain hospital, funeral parlor, tribal chieftain (1 Original or Certified true copy) Imam. **EDUCATIONAL ASSISTANCE** 3. Validated School ID and Valid I.D. School Registrar where the beneficiary is enrolled (1 Photocopy) 4. a. Enrolment Assessment Form or School Registrar or Concerned Office where the beneficiary is enrolled b. Certificate of Enrolment or Registration; or c. Statement of Account Original)















WHAT ARE THE REQUIREMENTS? WHERE TO SECURE FOOD ASSISTANCE FOR INDIVIDUAL AND FAMILIES ENDORSED IN **GROUPS**

Barangay Hall where the client is presently Barangay Certificate or Residency or Certificate of Indigency or Certificate that the residing client is in need of assistance may be required or • Hospital where the beneficiary is currently medical document as proof that the beneficiary is admitted admitted (1 Original)

CASH ASSISTANCE FOR OTHER SUPPORT SERVICES

- 3. Depending on the circumstances:
- a. For Fire Victims: Police Report/Bureau of Fire

 Bureau of Fire/PNP Protection Report from the Bureau of Fire
- b. For Distressed OFs: Passport, Travel Document/s, certification from OWWA or the Overseas Barangay
- Administration/Department of Migrant Workers/ Barangay

Workers

Welfare

- c. For Rescued Client: Certification from a social worker or Case manager from rescued clients.
- Local Social Welfare and Development Office or other social welfare agencies
- d. For victims of Online Sexual Exploitation: Police Blotter and social worker's certification for • Local Social Welfare and Development Office the victims of online sexual exploitation of children or other social welfare agencies
- e. For Locally stranded individuals (LSI): LSI without valid IDs, the Medical Certificate or the Travel Authority issued by the Philippine National

 Police Station - Police Blotter Police will suffice and be accepted to prove • Hospital/Clinic - Medical Certificate signed by his/her identity.
- (1 Original)
 - the Registered Physician

4. For all other incidents:

Barangay Certificate of Residency or Certificate of Indigency or Certificate of the Client is in Need of ● Barangay Hall where the client is presently Assistance as well as other documents from legal residing authorities/regulating agencies, as may be Police Station applicable such as but not limited to Police • AFP or PNP Report/Blotter, Spot report from the AFP or PNP, • Office of Civil Registry Joint AFP-PNP Intelligence Committee (JAPIC) ● Certificate from the LDRMO; or certificate, Certification of death, Disaster • Local Government Unit Assistance Family Access Card (DAFAC);

■ Hospital or Clinic signed by Licensed Physician Medico-legal certification

MATERIAL ASSISTANCE

3. General Intake Sheet DSWD CIU/CIS/SWAD 4. Material Assistance Distribution Sheet DSWD CIU/CIS/SWAD



(1 Original)

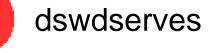
















CLIENT STEPS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Secure a queuing number	None	10 Minutes	Precious Quinalagan
			Social Welfare Officer II
2. Present pertinent	None 40 Minutes Maricho Dayo		
Document			Mechiel Buntag
			Wilford Paul Legarte
			Cindy Omalza
			Maricel Catubay
			Social Welfare Aide
			Lhan Mark Jay Sesmar
			Kenneth Jayson Oacan
			Administrative Assistant II
3. Submit pertinent	None		Sheen Mae Padilla
documents for Interview and			Joseph Bermoy
Assessment			Abegail Ramirez
			Arcie Lou Oraiz
			Ernabelle Pologon
			Social Welfare Officer II
			Ryan Dayanan
			Social Welfare Aide
			Regina Enot
			Administrative Assistant I
			Melissa Barredo
			Social Welfare Officer II
			Clavel Saycon
			Social Welfare Officer IV
			Brenda Abilo
			Social Welfare Officer II
4. Receive Assistance	None	30 Minutes	Ma. Catalina Rebanuel
			Administrative Assistant II
			Daisy Millanes
			Social Welfare Officer II
5. Fill out client satisfaction	None	20 Minutes	Nerissa Surig
	1 10110		Administrative Assistant II
measurement survey			















VI. PROCESSING TIME

5 Hours, 40 minutes for Cash Out Right

1 Day or 24 Hours for Guarantee Letter

VII. FEEDBACKS AND COMPLAINTS MECHANISM

How to send feedback	The client or referring party could express their feedback through a Satisfaction Survey Form that would be given at the end of the client's transaction in the Crisis Intervention Unit/Section (CIU/S) or through https://t.ly/DPvRR which will be given after they were assessed by the social worker where or not they receive assistance under Assistance to Individual in Crisis Situation (AICS) Program.
How feedbacks are processed	The duly accomplished Satisfaction Survey Form shall be consolidated together with the generated online customer feedback form once a month, identifying issues and concerns of the clients, which shall be discussed for appropriate action. Status on the identified issues and concerns shall be monitored on a monthly basis.
How to file a complaint	CIU/CIS and SWAD Offices shall implement two mechanisms for handling grievances and complaints which are (1) Written Communication and Email which is handled by the Grievance Focal Person (GFP), and (2) Personal or Onsite Complaints thru the establishment of the Public Assistance Complaint Desk (PACD). A complaint may be filed through any of the established modalities: • Personal appearance (walk-in clients) through the Public Assistance and Complaints Desk- electronic email where concerns can be send to ciu.fo7@dswd.gov.ph • Letters addressed to the Director IV, Ms. Shalaine Marie S. Lucero, DSWD Field Office VII or through our Division Chief of Protective Service Division, Ms. Rosemarie S. Salazar or Ms. Clavel C. Saycon SWO-IV/ Section Head of Crisis Intervention Section • Through 8888 Citizen's Complaint Center

How complaints are processed

Written Communication and Email

Step 1: Recording and Tagging of Grievances

Grievances forwarded to the CID/CIS shall be received by the assigned incoming document administrative staff of CID/S. The said officer shall log the document in the Electronic Document Tracking Management System (EDTMS) of the Department signifying that the document was received by the office. They will then forward it to the Grievance Focal Person. The DRN, Subject of the document, and other pertinent details shall be listed in the monitoring tool for action of the Grievance Focal Person.

Step 2: Action and Response

Upon receiving the document, the Grievance Focal Person shall assess and inform the concerned staff/s, team, or section on their involvement in the received grievance case. The concerned staff or team shall be given three (3) days to respond to the complaint through a feedback letter. The said document shall be sent to the concerned parties copy furnished to the PSD-Chief

Step 3: Monitoring

A designated Grievance Focal Person per CID/CIS and SWAD offices shall be responsible for responding to and monitoring grievances concerning their respective office. All grievances will be recorded and monitored through a centralized system to ensure all grievances are provided with appropriate action in compliance with RA. 11032.

Step 4: Termination

Grievances provided with an action shall be marked as resolved if no further follow-through from the complainant is received after three (3) days from the date the feedback letter was sent.















Personal or onsite complaints

A PACD shall be stationed within the CIU/CIS/SWAD Satellite Office operating area where it will be visible and accessible to clients. The management of the said offices shall designate a personnel to man the said desk to immediately respond to complaints of clients onsite. Below is the process of handling received cases.

Step 1: Recording of PACD Concern

The PACD Officer shall be in charge of addressing the concerns raised through the PACD and shall account all transactions through a PACD Monitoring Tool which will contain the basic information and contact details of the client, and their concern.

Step 2: Assessment and Intervention

The PACD Officer shall be responsible to assess the concern of the client and shall intervene based on the presented concern. They shall observe maximum tolerance and calmly handle clients expressing their concerns or plea, whatever the case may be. For brevity, the PACD Officer shall provide a brief description of the actions taken to resolve the concern of the client on the PACD Monitoring Tool. In cases that the client persisted to be unresolved with the intervention despite the diligent effort of the PACD Officer to assist them with their case, the PACD Officer shall be required to prepare an incident report and escalate the concern with the management.

Contact Information of ARTA, PCC and CCB

Anti-Red Tape Authority (ARTA)

complaints@arta.gov.ph 8-478-5093

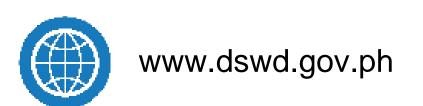
Presidential Complaint Center (PCC)

pcc@malacanang.gov.ph 8888

Contact Center ng Bayan (CCB) email@contactcenterngbayan.gov.ph 0908-881-6565

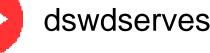
















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III. WHO MAY AVAIL OF THE SERVICE

Indigent, marginalized, and vulnerable/disadvantaged individuals and families or are otherwise in crisis situation based on the assessment of the Social Worker

WHAT ARE THE REQUIREMENTS?	WHERE TO SECURE
1. Valid identification card of the client / person to	Preferably issued by any government agencies
be interviewed (1 original and 1 photocopy)	such as but not limited to:
	 Philippine Statistics Authority (PhilSys ID)
	 Social Security System/Government Service
	Insurance System (UMID ID, SSS/GSIS ID)
	 Philhealth (Philhealth ID)
	 ◆ Land Transportation Office (Driver's License)
	Professional Regulation Commission (PRC ID)
	Overseas Workers Welfare Administration (OWWA ID)
	 Department of Labor and Employment (iDOLE)
	◆Pag-IBIG Fund (PAG-IBIG ID)
	 Commission on Election (Voter's ID or Voter's Certification)
	Post Office (Postal ID)
	 Department of Foreign Affairs (Philippine Passport)
	 National Bureau of Investigation (NBI Clearance)
	 Department of Social Welfare and Development
	(4Ps ID)Local Government Unit
	PWD ID
	 Solo Parent ID
	 City/Municipal ID
	 Barangay ID
	 Office of Senior Citizen Affairs (OSCA ID)
	 Police Clearance
	or any ID preferably with validity date, and
	picture and signature of the client.
	•In extremely justifiable circumstances, a
	Barangay Certification certifying the identity of
	the client may be presented in lieu of an Identification Card.
2. Signed Authorization Letter (if applicable)	Beneficiary of Assistance except for those who
(1 Original)	do not have the capacity to act or below 18 years











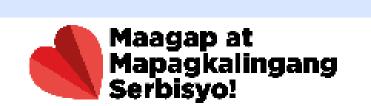
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WHAT ARE THE REQUIREMENTS? WHERE TO SECURE TRANSPORTATION ASSISTANCE 3. Other supporting document/s such as but are Police Station - Police Blotter limited to, medical certificate, death Hospitals/clinic - medical abstract not Court- court order/subpoena certificate, and/or court order or subpoena Social worker-justification (1 Original or Certified true copy) MEDICAL ASSISTANCE FOR HOSPITAL BILL 3. Medical Certificate or Clinical Abstract or Medical records of the Hospital/Clinic or the Discharge Summary or Alagang Pinoy Attending Physician Tagubilin Form with Diagnosis with complete name, license number and signature of the Physician issued within three months (1 Original or Certified true copy) 4. Hospital bill or Statement of Account • Statement of Account - Billing Office of the (outstanding balance) with name and hospital signature of billing clerk or Certificate of Certificate of Balance and Promissory Note balance and Promissory Note signed by the - Credit and Collection Office credit and collection officer or billing clerk. (1 Original) Registered Social Worker in public or 5. Social Case Study Report/ Case Summary. (1 Original) private practice. DSWD LSWDO NGO Medical Social Service MEDICAL ASSISTANCE FOR MEDICINE/ ASSISTIVE DEVICE Medical Certificate/ Clinical Abstract/Medical records of the Hospital/Clinic or the Discharge Summary/Alagang Pinoy Tagubilin Attending Physician Form with Diagnosis with complete name, license number and signature of the Physician issued within three months (1 Original or Certified true copy) 4. Prescription with date of issuance, complete Attending Physician from a hospital/clinic. name, license number and signature of the Physician issued within three months. (1 Original) If the amount of assistance being requested exceeds PhP10,000.00, the following shall be required as additional requirements 5. Quotation of Medicine or Assistive Device Service Provider (1 Original) 6. Social Case Study Report/ Case Summary. Registered Social Worker public (1 Original) private practice. DSWD LSWDO NGO Medical Social Service















WHAT ARE THE REQUIREMENTS? WHERE TO SECURE MEDICAL ASSISTANCE FOR LABORATORY Medical Certificate/ Clinical Abstract/ • Attending Physician or from Medical Records of the hospital/clinic. Discharge Summary/Alagang Pinoy Tagubilin Form with Diagnosis with complete name, license number and signature of the Physician issued within three months (1 Original Certified true copy) 4. Laboratory Requests or Laboratory Protocol • Attending Physician from a hospital/clinic or Doctor's Order with name, license number, and signature of the Physician (1 Original) If the amount of assistance being requested exceeds PhP10,000.00, the following shall be required as additional requirements Service Provider 5. Quotation of Laboratory (1 Original) 6. Social Case Study Report or Case Summary. Registered Social Worker in public or private (1 Original) practice. DSWD LSWDO NGO Medical Social Service FUNERAL ASSISTANCE FOR FUNERAL BILL 3. Death Certificate/ Certification from the Tribal • City/Municipal Hall (Civil Registry Office), Chieftain Hospital, Funeral Parlor, Tribal Chieftain or (1 Original or Certified true copy) Imam 4. Promissory Note or Certificate of Balance or ● Authorized staff of the Funeral Parlor/ Statement of Account Memorial Chapel (1 Original) 5. Funeral Contract Authorized staff of the Funeral Parlor/ (1 Original) Memorial Chapel If the amount of assistance being requested exceeds PhP10,000.00, the following shall be required as additional requirements 6. Social Case Study Report or Case Summary. Registered Social Worker in public or private (1 Original) practice. DSWD LSWDO NGO Medical Social Service FUNERAL ASSISTANCE FOR TRANSFER OF CADAVER 3. Death Certificate/ Certification from the Tribal • City/Municipal Hall (Civil Registry Chieftain hospital, funeral parlor, tribal chieftain or (1 Original or Certified true copy) Imam. **EDUCATIONAL ASSISTANCE** 3. Validated School ID and Valid I.D. School Registrar where the beneficiary is enrolled (1 Photocopy) 4. a. Enrolment Assessment Form or School Registrar or Concerned Office where the beneficiary is enrolled b. Certificate of Enrolment or Registration; or c. Statement of Account (1 Original)













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Barangay Hall where the client is presently Barangay Certificate or Residency or Certificate of Indigency or Certificate that the residing client is in need of assistance may be required • Hospital where the beneficiary is currently medical document as proof that the admitted beneficiary is admitted (1 Original)

CASH ASSISTANCE FOR OTHER SUPPORT SERVICES

- 3. Depending on the circumstances:
- a. For Fire Victims: Police Report/ Bureau of Bureau of Fire/PNP Fire Protection Report from the Bureau of Fire
- For Distressed OFs: Passport, Travel Document/s, certification from OWWA or the Overseas Barangay
 - Workers Welfare Administration/Department of Migrant Workers/ Barangay
- c. For Rescued Client: Certification from a social worker or Case manager from rescued clients.
- Local Social Welfare and Development Office or other social welfare agencies
- d. For victims of Online Sexual Exploitation: Police Blotter and social worker's certification for • Local Social Welfare and Development Office the victims of online sexual exploitation of or other social welfare agencies children
- e. For Locally stranded individuals (LSI): LSI without valid IDs, the Medical Certificate or the Police Station - Police Blotter Travel Authority issued by the Philippine • Hospital/Clinic - Medical Certificate signed by National Police will suffice and be accepted to the Registered Physician prove his/her identity.

(1 Original)

4. For all other incidents:

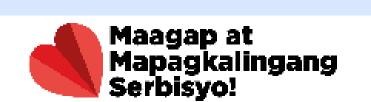
Barangay Certificate of Residency or Certificate of Indigency or Certificate of the Client is in Need of Assistance as well as other documents from legal authorities/regulating agencies, as may be applicable such as but not limited to Police Report/Blotter, Spot report from the AFP or PNP, Joint AFP-PNP Intelligence Committee (JAPIC) certificate, Certification of Family Assistance Disaster Access (DAFAC); Medico-legal certification (1 Original)

- Barangay Hall where the client is presently residing
- Police Station
- AFP or PNP
- Office of Civil Registry
- Certificate from the LDRMO; or
- Local Government Unit
- Hospital or Clinic signed by Physician

MATERIAL ASSISTANCE

3. General Intake Sheet DSWD CIU/CIS/SWAD 4. Material Assistance Distribution Sheet DSWD CIU/CIS/SWAD















CLIENT STEPS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
PRE-OFFSITE PREPAR	ATION - Complex		
1.Submit Project Proposal	None	Minutes	Dixie Gelasque Administrative Assistant I Aiza Aniga Maria Joy Alcarez Emily Tibong Kristine Dorren Roxas Ma. Bea Batain Juvy Ann Radaza Juddy Ann Alimpos Marie Chris Barrera Sandra Rose Monterona Eralyn Jocoy Wilmae Jane Billones Khylene Decripito Jodessa Pearl Acero Social Welfare Officer II
			Kenneth Jayson Oacan Administrative Assistant II
OFF-SITE TRANSACTIO	DN		
1. Present Pertinent Documents	None		Maricho Dayo Ryan Dayanan Helen Abines Cindy Omalza Marynissa Gabutan Kristine Torregosa Maricel Catubay Kiana Glory Pacot Liezel Rabago Regina Enot June Jay Gatchalian April Arianne Largo Vanneza Paghasian Hannsel Paquiao Mechiel Buntag Ruby Ann Maquilan Grace Ganzo Wilford Paul Legarte Social Welfare Aide
2. Submit pertinent documents for Interview and Assessment	None		Aiza Aniga Maria Joy Alcarez Emily Tibong Kristine Dorren Roxas Ma. Bea Batain Juvy Ann Radaza Juddy Ann Alimpos Marie Chris Barrera Sandra Rose Monterona Eralyn Jocoy Wilmae Jane Billones Khylene Decripito Social Welfare Officer II
3. Receive Assistance	None	5 Minutes	Evaine Gladys Manzano Mylen Estardo Social Welfare Officer II















VI. PROCESSING TIME

13 Hours, 10 minutes for Cash Out Right 1 Day or 24 Hours for Guarantee Letter

VII. FEEDBACKS AND COMPLAINTS MECHANISM

How to send feedback	The client or referring party could express their feedback through a Satisfaction Survey Form that would be given at the end of the client's transaction in the Crisis Intervention Unit/Section (CIU/S) or through https://t.ly/DPvRR which will be given after they were assessed by the social worker where or not they receive assistance under Assistance to Individual in Crisis Situation (AICS) Program.
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How complaints are processed

Written Communication and Email

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Step 2: Action and Response

Upon receiving the document, the Grievance Focal Person shall assess and inform the concerned staff/s, team, or section on their involvement in the received grievance case. The concerned staff or team shall be given three (3) days to respond to the complaint through a feedback letter. The said document shall be sent to the concerned parties copy furnished to the PSD-Chief

Step 3: Monitoring

A designated Grievance Focal Person per CID/CIS and SWAD offices shall be responsible for responding to and monitoring grievances concerning their respective office. All grievances will be recorded and monitored through a centralized system to ensure all grievances are provided with appropriate action in compliance with RA. 11032.

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Contact Information of ARTA, PCC and CCB

Anti-Red Tape Authority (ARTA)

complaints@arta.gov.ph

8-478-5093

Presidential Complaint Center (PCC)

pcc@malacanang.gov.ph

8888

Contact Center ng Bayan (CCB)

email@contactcenterngbayan.gov.ph

0908-881-6565











