

1. ONSITE IMPLEMENTATION OF THE ASSISTANCE TO INDIVIDUALS IN CRISIS SITUATION PROGRAM FOR CLIENTS TRANSACTING WITH THE DSWD OFFICES (CIU/CIS/SWD OFFICES)

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
1. Any Valid identification card of the client/ person to be interviewed (1 original copy) from the following:	
●PhilSys ID	Philippine Statistics Authority
●UMID ID, SSS or GSIS ID	Social Security System or Government Service Insurance System
●Philhealth ID	Philhealth
●Driver’s License	Land Transportation Office
●PRC ID	Professional Regulation Commission
●OWWA ID	Overseas Workers Welfare Administration
●DOLE ID	Department of Labor and Employment
●PAG-IBIG ID	Pag-IBIG Fund
●Voter’s ID or Voter’s Certification	Commission on Election
●Postal ID	Post Office
●Philippine Passport	Department of Foreign Affairs
●NBI Clearance	National Bureau of Investigation
●4Ps ID	Department of Social Welfare and Development
●PWD ID	Local Government Unit
●Solo Parent ID	Local Government Unit
●City or Municipal ID	Local Government Unit
●Barangay ID	Local Government Unit
●Office of Senior Citizen Affairs (OSCA ID)	Local Government Unit
●Police Clearance	Police Station
●or any ID preferably with validity date, and picture and signature of the client.	Barangay Hall
In extremely justifiable circumstances, a Barangay Certification certifying the identity of the client may be presented in lieu of an Identification Card.	Barangay Hall
Signed Authorization Letter (if applicable)	Beneficiary of Assistance except for those who do not have the capacity to act or below 18 years old

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WHAT ARE THE REQUIREMENTS?	WHERE TO SECURE
TRANSPORTATION ASSISTANCE	
Other supporting document/s such as but are not limited to (1 original copy):	
Police Blotter	Police Station
Medical Abstract	Hospitals or clinic
Court Order or Subpoena	Supreme Court
Death Certificate	Civil Registry Office
MEDICAL ASSISTANCE FOR HOSPITAL BILL	
1. Medical Certificate or Clinical Abstract or Discharge Summary or Alagang Pinoy Tagubilin Form with Diagnosis with complete name, license number and signature of the Physician issued within three months (1 Original or Certified true copy)	Medical records of the Hospital or Clinic or the Attending Physician
2. Hospital bill or Statement of Account (outstanding balance) with name and signature of billing clerk or Certificate of balance and promissory note signed by credit and collection officer or billing clerk (1 Original or Certified True Copy)	Billing Office of the Hospital Credit and Collection Office of the Hospital
3. Social Case Study Report or Case Summary. (1 original copy)	Registered Social Worker in public or private practice. DSWD LSWDO NGO Medical Social Service
MEDICAL ASSISTANCE FOR MEDICINE/ ASSISTIVE DEVICE	
1. Medical Certificate or Clinical Abstract or Discharge Summary or Alagang Pinoy Tagubilin Form with Diagnosis with complete name, license number and signature of the Physician issued within three months (Original / Certified true copy)	Medical records of the Hospital or Clinic or the Attending Physician
2. Prescription with date of issuance, complete name, license number and signature of the Physician issued within three months	Attending Physician from a hospital or clinic.
If the amount of assistance being requested exceeds PhP10,000.00, the following shall be required as additional requirements	
1. Quotation of Laboratory	Service Provider
2. Social Case Study Report or Case Summary.	Registered Social Worker in public or private practice. DSWD LSWDO NGO Medical Social Service

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

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WHAT ARE THE REQUIREMENTS?	WHERE TO SECURE
CASH ASSISTANCE FOR OTHER SUPPORT SERVICES	
Depending on the circumstances: a. For Fire Victims: Police Report or Bureau of Fire Protection Report from the Bureau of Fire b. For Distressed OFs: Passport, Travel Document/s, certification from OWWA or the Barangay c. For Rescued Client: Certification from a social worker or Case manager from rescued clients. d. For victims of Online Sexual Exploitation: a. Police Blotter and social worker’s certification for the victims of online b. sexual exploitation of children e. For Locally stranded individuals (LSI): LSI without valid IDs, the Medical Certificate or the Travel Authority issued by the Philippine National Police will suffice and be accepted to prove his or her identity.	Bureau of Fire or PNP Overseas Workers Welfare Administration or Department of Migrant Workers or Barangay Local Social Welfare and Development Office or other social welfare agencies Local Social Welfare and Development Office or other social welfare agencies Police Station Hospital or Clinic
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 or regulating agencies, as may be applicable such as but not limited to Police Report or Blotter, Spot report from the AFP or PNP, Joint AFP-PNP Intelligence Committee (JAPIC) certificate, Certification of death, Disaster Assistance Family Access Card (DAFAC); Medico-legal certification	<ul style="list-style-type: none">Barangay Hall where the client is presently residingPolice StationAFP or PNPOffice of Civil RegistryCertificate from the LDRMO; orLocal Government UnitHospital or Clinic signed by Licensed Physician
MATERIAL ASSISTANCE	
1.General Intake Sheet	DSWD CIU or CIS or SWAD
2.Material Assistance Distribution Sheet	DSWD CIU or CIS or SWAD

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CLIENT STEPS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Present pertinent documents.			Clavel Saycon <i>Social Welfare Officer IV</i> Khyll Mariquit <i>Social Welfare Officer I</i>
2. Submit pertinent documents for interview and assessment			Clavel Saycon <i>Social Welfare Officer IV</i> Khyll Mariquit <i>Social Welfare Officer I</i>
3. Receiving Assistance			Clavel Saycon <i>Social Welfare Officer IV</i> Khyll Mariquit <i>Social Welfare Officer I</i>
4. Fill out Client Satisfaction Measurement Survey			Clavel Saycon <i>Social Welfare Officer IV</i> Khyll Mariquit <i>Social Welfare Officer I</i>

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VI. PROCESSING TIME

5 Hours, 40 minutes for Cash-Outright
16 Working Hours (2 days) for GL

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: <ul style="list-style-type: none">• 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 OIC-Division Chief of Protective Service Division, Ms. Emma F. Patalinghug 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.

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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

2. OFFSITE IMPLEMENTATION OR ASSESSMENT OF INDIVIDUAL CLIENTS OUTSIDE THE DSWD OFFICES (CIU/COS/SWAD OFFICES)

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)

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

2. OFFSITE IMPLEMENTATION OR ASSESSMENT OF INDIVIDUAL CLIENTS OUTSIDE THE DSWD OFFICES (CIU/COS/SWAD OFFICES)

WHAT ARE THE REQUIREMENTS?	WHERE TO SECURE
TRANSPORTATION ASSISTANCE	
Other supporting document/s such as but are not limited to (1 original copy):	
Police Blotter	Police Station
Medical Abstract	Hospitals or clinic
Court Order or Subpoena	Supreme Court
Death Certificate	Civil Registry Office
MEDICAL ASSISTANCE FOR HOSPITAL BILL	
1. Medical Certificate or Clinical Abstract or Discharge Summary or Alagang Pinoy Tagubilin Form with Diagnosis with complete name, license number and signature of the Physician issued within three months (1 Original or Certified true copy)	Medical records of the Hospital or Clinic or the Attending Physician
2. Hospital bill or Statement of Account (outstanding balance) with name and signature of billing clerk or Certificate of balance and promissory note signed by credit and collection officer or billing clerk (1 Original or Certified True Copy)	Billing Office of the Hospital Credit and Collection Office of the Hospital
3. Social Case Study Report or Case Summary. (1 original copy)	Registered Social Worker in public or private practice. DSWD LSWDO NGO Medical Social Service
MEDICAL ASSISTANCE FOR MEDICINE/ ASSISTIVE DEVICE	
1. Medical Certificate or Clinical Abstract or Discharge Summary or Alagang Pinoy Tagubilin Form with Diagnosis with complete name, license number and signature of the Physician issued within three months (Original / Certified true copy)	Medical records of the Hospital or Clinic or the Attending Physician
2. Prescription with date of issuance, complete name, license number and signature of the Physician issued within three months	Attending Physician from a hospital or clinic.
If the amount of assistance being requested exceeds PhP10,000.00, the following shall be required as additional requirements	
1. Quotation of Laboratory	Service Provider
2. Social Case Study Report or Case Summary.	Registered Social Worker in public or private practice. DSWD LSWDO NGO Medical Social Service

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WHAT ARE THE REQUIREMENTS?	WHERE TO SECURE
MEDICAL ASSISTANCE FOR LABORATORY	
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2. Laboratory Requests or Laboratory Protocol or Doctor's Order with name, license number, and signature of the Physician	Attending Physician from a hospital or clinic
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FUNERAL ASSISTANCE FOR FUNERAL BILL	
1. Death Certificate or Certification from the Tribal Chieftain (Original or certified true copy	City or Municipal Hall (Civil Registry Office), Hospital, Funeral Parlor, Tribal Chieftain or Imam
2. Promissory Note or Certificate of Balance or Statement of account	Authorized staff of the Funeral Parlor or Memorial Chapel
3. Funeral Contract	Authorized staff of the Funeral Parlor or Memorial Chapel
FUNERAL ASSISTANCE FOR TRANSFER OF CADAVER	
1. Death Certificate or Certification from the Tribal Chieftain (Original or certified true copy)	City or Municipal Hall (Civil Registry Office), hospital, funeral parlor, tribal chieftain or Imam.
2. Transfer Permit	City or Municipal Hall
EDUCATIONAL ASSISTANCE	
1. Validated School ID and Valid I. D	School where the beneficiary is enrolled
2. a. Enrolment Assessment Form or b. Certificate of Enrolment or Registration; or c. Statement of Account	School Registrar or Concerned Office where the beneficiary is enrolled
FOOD ASSISTANCE FOR INDIVIDUAL AND FAMILIES ENDORSED IN GROUPS	
1. Barangay Certificate or Residency or Certificate of Indigency or Certificate that the client is in need of assistance may be required or medical document as proof that the beneficiary is admitted	Barangay Hall where the client is presently residing Hospital where the beneficiary is currently admitted

2. OFFSITE IMPLEMENTATION OR ASSESSMENT OF INDIVIDUAL CLIENTS OUTSIDE THE DSWD OFFICES (CIU/COS/SWAD OFFICES)

WHAT ARE THE REQUIREMENTS?	WHERE TO SECURE
CASH ASSISTANCE FOR OTHER SUPPORT SERVICES	
<p>Depending on the circumstances:</p> <p>a. For Fire Victims: Police Report or Bureau of Fire Protection Report from the Bureau of Fire</p> <p>b. For Distressed OFs: Passport, Travel Document/s, certification from OWWA or the Bureau of Fire or PNP</p> <p>c. For Rescued Client: Certification from a social worker or Case manager from rescued clients.</p> <p>d. For victims of Online Sexual Exploitation:</p> <p>a. Police Blotter and social worker's certification for the victims of online</p> <p>b. sexual exploitation of children</p> <p>e. For Locally stranded individuals (LSI): LSI without valid IDs, the Medical Certificate or the Travel Authority issued by the Philippine National Police will suffice and be accepted to prove his or her identity.</p>	<p>Overseas Workers Welfare Administration or Department of Migrant Workers or Barangay</p> <p>Local Social Welfare and Development Office or other social welfare agencies</p> <p>Local Social Welfare and Development Office or other social welfare agencies</p> <p>Police Station</p> <p>Hospital or Clinic</p>
<p>For all other incidents:</p> <p>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 or regulating agencies, as may be applicable such as but not limited to Police Report or Blotter, Spot report from the AFP or PNP, Joint AFP-PNP Intelligence Committee (JAPIC) certificate, Certification of death, Disaster Assistance Family Access Card (DAFAC); Medico-legal certification</p>	<p>Barangay Hall where the client is presently residing</p> <p>Police Station</p> <p>AFP or PNP</p> <p>Office of Civil Registry</p> <p>Certificate from the LDRMO; or</p> <p>Local Government Unit</p> <p>Hospital or Clinic signed by Licensed Physician</p>
MATERIAL ASSISTANCE	
1.General Intake Sheet	DSWD CIU or CIS or SWAD
2.Material Assistance Distribution Sheet	DSWD CIU or CIS or SWAD

2. OFFSITE IMPLEMENTATION OR ASSESSMENT OF INDIVIDUAL CLIENTS OUTSIDE THE DSWD OFFICES (CIU/COS/SWAD OFFICES)

CLIENT STEPS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
OFF-SITE TRANSACTION			
1. Present pertinent document	None	10 Minutes	Clavel Saycon <i>Social Welfare Officer IV</i> Khyll Mariquit <i>Social Welfare Officer</i>
2. Submit pertinent documents for Interview and Assessment	None	30 Minutes	Clavel Saycon <i>Social Welfare Officer IV</i> Khyll Mariquit <i>Social Welfare Officer</i>
3. Receive Assistance and fill out Client Satisfaction Measurement Survey	None	5 Minutes	Clavel Saycon <i>Social Welfare Officer IV</i> Khyll Mariquit <i>Social Welfare Officer</i>

2. OFFSITE IMPLEMENTATION OR ASSESSMENT OF INDIVIDUAL CLIENTS OUTSIDE THE DSWD OFFICES (CIU/COS/SWAD OFFICES)

VI. PROCESSING TIME

40 Minutes

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	<p>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:</p> <ul style="list-style-type: none">● 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 OIC-Division Chief of Protective Service Division, Ms. Emma F. Patalinghug 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	<p>Step 1: Recording and Tagging of Grievances</p> <p>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.</p> <p>Step 2: Action and Response</p> <p>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</p> <p>Step 3: Monitoring</p> <p>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.</p> <p>Step 4: Termination</p> <p>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.</p>

2. OFFSITE IMPLEMENTATION OR ASSESSMENT OF INDIVIDUAL CLIENTS OUTSIDE THE DSWD OFFICES (CIU/COS/SWAD OFFICES)

Personal or onsite complaints	<p>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.</p> <p>Step 1: Recording of PACD Concern</p> <p>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.</p> <p>Step 2: Assessment and Intervention</p> <p>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.</p> <p>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.</p>
Contact Information of ARTA, PCC and CCB	<p>Anti-Red Tape Authority (ARTA) complaints@arta.gov.ph 8-478-5093</p> <p>Presidential Complaint Center (PCC) pcc@malacanang.gov.ph 8888</p> <p>Contact Center ng Bayan (CCB) email@contactcenterngbayan.gov.ph 0908-881-6565</p>