DATE RECEIVED	CODE	COMMUNICATI	NAME OF HEALTH FACILITY	NAME OF COMPLAINAN T		ADRESS	OWNERSHIP PHILIPPINE	STAFF ASSIGNED	ACTION TAKEN	DATE INFORMED THE HF/CONCERN ED OFFICE	DATE HF/CONCERN ED OFFICE SUBMITTED REPLY	RECORDS SECTION/CLIE	DATE FINAL RESOLUTION OF THE COMPLAINT RELEASED TO RECORDS	STATUS
G. REP.					De	partment of	Health						SECTION / CLIENT	

HEALTH FACILITIES AND SERVICES REGULATORY BUREAU/REGIONAL OFFICE VII LOGSHEET OF COMPLAINTS

Month of : January

Year : 2019

DATE RECEIVED		NAME OF HEALTH FACILITY	NAME OF COMPLAINAN T	TYPES OF COMPLAINT	ADRESS	OWNERSHIP	STAFF ASSIGNED	ACTION TAKEN	DATE INFORMED THE HF/CONCERN ED OFFICE	DATE HF/CONCERN ED OFFICE SUBMITTED REPLY	RECORDS SECTION/CLIE	DATE FINAL RESOLUTION OF THE COMPLAINT RELEASED TO RECORDS SECTION / CLIENT	STATUS	COMMUNICATI
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