

REPUBLIC OF THE PHILIPPINES

Department of Health

HEALTH FACILITIES AND SERVICES REGULATORY BUREAU/REGIONAL OFFICE VII

LOGSHEET OF COMPLAINTS

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