



REPUBLIC OF THE PHILIPPINES  
Department of Health  
HEALTH FACILITIES AND SERVICES REGULATORY BUREAU/REGIONAL OFFICE VII  
LOGSHEET OF COMPLAINTS

DATE RECEIVED	CODE	COMMUNICATION	NAME OF HEALTH FACILITY	NAME OF COMPLAINANT	TYPES OF COMPLAINT	ADDRESS	OWNERSHIP	STAFF ASSIGNED	ACTION TAKEN	DATE INFORMED THE HF/CONCERNED OFFICE	DATE HF/CONCERNED OFFICE SUBMITTED REPLY	DATE RELEASE TO RECORDS SECTION/CLIENT	DATE FINAL RESOLUTION OF THE COMPLAINT RELEASED TO RECORDS SECTION / CLIENT	STATUS
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List of Complaints														