

**INQUIRY / CUSTOMER COMPLAINT FORM**

PCAB-PAD-ICC-F01 | Revision No. 02, 09/26/2016 | **This Form is NOT for sale.** Reproduction is allowed

Please Check One:             Inquiry             Complaint

Name of Company / A.M.O

Date of Inquiry /  
Complaint

Mailing Address:

Contact No.

E-mail Address

Contractor's License No.

Date of Application Filed

Nature of Inquiry / Complaint

Complaint Validation  
 Valid    Invalid

*If valid, fill-up CPAR Form*

Validated by:

\_\_\_\_\_  
Public Assistance  
Desk Section Head

Action Taken

Resolved

Date: \_\_\_\_\_

Unresolved

Plan Resolution Date: \_\_\_\_\_

For Further Action

Plan Resolution Date: \_\_\_\_\_

For Board Presentation

*(to be included in the next agenda)*

Attended by

\_\_\_\_\_  
Public Assistance Desk  
Staff