



Republic of the Philippines
Office of the Ombudsman

COMPLAINT CHECKLIST FORM (OMB Form 6)

CASE/REFERENCE NO.

PLEASE COMPLY WITH THE FOLLOWING REQUIREMENTS:

DOCUMENT	NO. OF COPIES
<input type="checkbox"/> Complaint-Affidavit (Verified/Under Oath)	<input type="text"/>
<input type="checkbox"/> Annexes/Exhibits/Attachments with Markings	<input type="text"/>
<input type="checkbox"/> Verified Certificate of Non-Forum Shopping (CNFS)	<input type="text"/>

Remarks:

Signature Over Printed Name
Receiving Personnel

Date

ACKNOWLEDGED BY:

Signature Over Printed Name
Client

Date



Republic of the Philippines
Office of the Ombudsman

COMPLAINT CHECKLIST FORM (OMB Form 6)

CASE/REFERENCE NO.

PLEASE COMPLY WITH THE FOLLOWING REQUIREMENTS:

DOCUMENT	NO. OF COPIES
<input type="checkbox"/> Complaint-Affidavit (Verified/Under Oath)	<input type="text"/>
<input type="checkbox"/> Annexes/Exhibits/Attachments with Markings	<input type="text"/>
<input type="checkbox"/> Verified Certificate of Non-Forum Shopping (CNFS)	<input type="text"/>

Remarks:

Signature Over Printed Name
Receiving Personnel

Date

ACKNOWLEDGED BY:

Signature Over Printed Name
Client

Date