



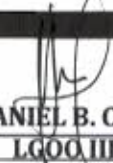
Republic of the Philippines  
**DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT**  
**REGION XIII (CARAGA)**  
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 caraga.dilg.gov.ph


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Name of Division/FOU:

**MASTER LIST OF MAINTAINED DOCUMENTED INFORMATION (INTERNAL)**

DOCUMENT CODE	DOCUMENT TITLE	REVISION					
		00	01	02	03	04	05
<b>SERVICES COMPLAINT HANDLING</b>							
R13-SP-05	System Procedure	10.16.17					
FM-R13-SP-05-01	Client Complaint Form	10.16.17					

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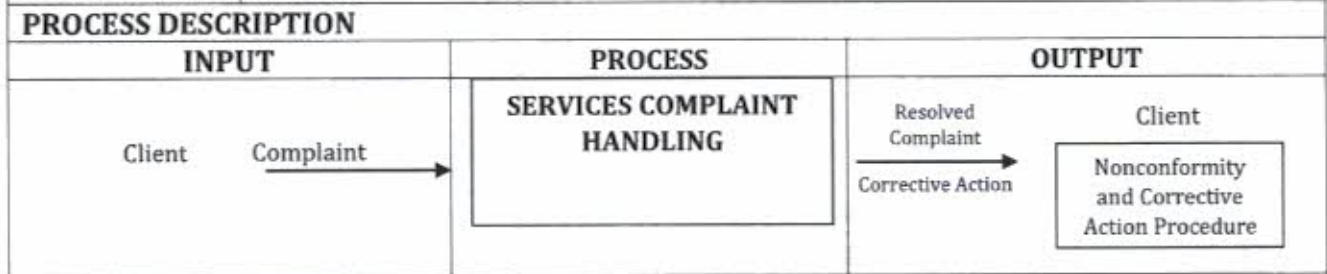


DILG REGION XIII (CARAGA)  
**SYSTEM  
 PROCEDURE (SP)**

Document Code  
**R13-SP-05**

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<b>PROCEDURE TITLE</b>	<b>SERVICES COMPLAINT HANDLING</b>
<b>SCOPE</b>	This process covers the activities from the receipt of the complaint up to the initiation of the corrective action.
<b>PURPOSE/S</b>	To define the process for the effective handling, response and resolution of complaints related to DILG-Regional Office 13's services.



**DESCRIPTIVE STATEMENT:**

The Process is triggered by receiving complaint from the Client. The Action Officer then record the complaint in the Client Complaint Log Sheet and forward to the concerned Division Chief/ Head of Office for review and instruction. The assigned Action Officer will validates and assesses the complaint, completes the details of the complaint in the Client Complaint Form, and submits a copy of the signed CCF to the QMS Secretariat for the issuance of Corrective Action Report (CAR) in accordance with the Nonconformity and Corrective Action Procedure. The Action Officer will then implement the corrective action.

Step No.	Responsible Personnel	PROCESS/ACTIVITY	Details	References
1	Action Officer	Receive Client's Complaints	<ul style="list-style-type: none"> <li>Receive Client's Complaint in the form of letter, e-mail, phone call, CSS result, or verbally-expressed complaints.</li> <li>Log the complaint in the Client Complaint Form.</li> <li>Forward complaint to the concerned Division Chief/Head of Office.</li> </ul>	<ul style="list-style-type: none"> <li>Complaint with supporting documents, if any</li> <li>Client Complaint Form (CCF) (FM-R13-SP-05-01)</li> </ul>
2	Division Chief/Head of Office	Review the nature of complaint and assign to Action Officer.	<ul style="list-style-type: none"> <li>Review the nature of complaint and assign to concern Action Officer to validate and/or prepare response and comply with any other special instruction.</li> </ul>	<ul style="list-style-type: none"> <li>Complaint with supporting documents, if any</li> <li>Client Complaint Form (CCF) (FM-R13-SP-05-01)</li> </ul>
3	Action Officer; Division Chief/OIC/Unit Head; Division/Head of Office	Validate and assess the complaint	<ul style="list-style-type: none"> <li>Describe clearly the complaint.</li> <li>Issue Control number (YYYY-QPCode-series) and Log in the Complaints Logbook.</li> <li>Validate the complaint.</li> <li>If complaint is valid, proceed to step 4; else, prepare and send letter-reply to</li> </ul>	<ul style="list-style-type: none"> <li>Complaint with supporting documents, if any</li> <li>Client Complaint Form (CCF) (FM-R13-SP-05-01)</li> <li>Letter-reply</li> </ul>





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Step No.	Responsible Personnel	PROCESS/ACTIVITY	Details	References
			complainant duly noted by the Division Chief/OIC/Unit Head and approved by the Division/Head of Office	
4	Action Officer	Submit CCF to the QMS Secretariat	<ul style="list-style-type: none"> <li>Submit a set of photocopied CCF together with the complaint and supporting documents, if any, to the QMS Secretariat not later than one (1) week after the complaint validation, for the issuance of Corrective Action Report (CAR) by the QMS Secretariat in accordance with the Nonconformity and Corrective Action Procedure.</li> </ul>	<ul style="list-style-type: none"> <li>Photocopies of CCF with Complaint and supporting documents, if any</li> <li>CAR (FM-R13-SP-04-01)</li> <li>Nonconformity and Corrective Action Procedure</li> </ul>
5	Action Officer	Implement remedial (correction) action/s	<ul style="list-style-type: none"> <li>Determine and implement remedial actions to address the complaint.</li> <li>Prepare and send letter-reply to complainant duly noted by the Division Chief/OIC/Unit Head and approved by the Division/Head of Office to inform the client of the action/s taken.</li> </ul>	<ul style="list-style-type: none"> <li>Client Complaint Form (FM-R13-SP-05-01)</li> </ul>
6	Action Officer	Implement Corrective Action	<ul style="list-style-type: none"> <li>Conduct root cause analysis and proceed to corrective action in accordance with the Corrective Action procedure.</li> </ul>	<ul style="list-style-type: none"> <li>CAR (FM-R13-SP-04-01)</li> <li>Nonconformity, Correction, and Corrective Action</li> </ul>
7	Designated Custodian	Retain Records	<ul style="list-style-type: none"> <li>Retain records in accordance with the Control of Retained Documented Information Procedure and Master List of Records.</li> </ul>	<ul style="list-style-type: none"> <li>Electronic database and hard copies of all complaints</li> <li>Control of Retained Documented Information Procedure</li> <li>Master List of Records (FM-R13-SP-02-01)</li> </ul>







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**DEFINITION OF TERMS:**

- Correction – action taken to eliminate (or address) a detected non-conformity (i.e. stop gap measure, quick fix, mitigation, band-aid solution)
- Corrective Action – an action taken to address the root cause of the identified nonconformity in order to prevent its recurrence.
- Corrective Action Report (CAR) – the specified form to record a detected nonconformity, the identified root cause and the actions taken to prevent its recurrence.

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DILG REGION XIII (CARAGA)  
**CLIENT COMPLAINT FORM**

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*This section is to be filled-up by the Receiving Officer:*

Received by: _____ (Name and Signature)	Date Received: _____
Name of Complainant: _____	

*This section is to be filled-up by the Division Chief or Head of Office:*

1. Referred to Division Chief/Head of Office: _____
2. Instruction: <input type="checkbox"/> Investigate/validate <input type="checkbox"/> Prepare response    Deadline: _____
Special instruction: _____ _____

*This section is to be filled-up by the concerned Division Chief / Unit head:*

3. Assigned Action Officer: _____
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*This section is to be filled-up by the assigned Action Officer:*

Description of the Complaint: (YYYY-QP Code-Series)	Control No: _____
_____	
_____	
4. Evidence/s supporting documents submitted, if any:    a) _____	
b) _____    c) _____	
_____	
5. Initial Investigation Results: (use back-page if necessary)	
_____	
_____	
6. Findings: Complaint is <input type="checkbox"/> valid <input type="checkbox"/> not valid. Reason if not valid:	
_____	
_____	
_____ Signature of Action Officer	


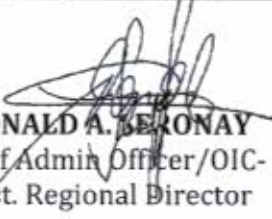

7. Date submitted to Secretariat: _____	CAR No.: _____	Date: _____
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**CLIENT COMPLAINT FORM**

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