



BMB COMPLAINT FORM

Date: _____

Complainant Profile	Name:* _____	
	Age*: _____	Nationality*: _____ Male () Female () *
Incident/Transaction Date	____/____/____ m/d/year	Name of Person being Complained (if applicable)
Transaction Type/Service Availed (Pls. check)	Permit Application ____ Request for Technical Assistance ____ Request for Information (FOI) ____ NACPWC Facility Rental ____ Others (pls indicate) _____	
Complaint Type (pls check)	1)Personnel Attitude/Behavior ____ 2)Processing Time ____ 3) Fees ____ 4)Inaction/Long Response ____ 5) Lack of Facility/Lane for PWD/ Senior Citizen ____ 6)Non-Observance of existing Policies ____ 7) Facility ____ No Noon Break / FOI / No Smoking / GAD	
Details of the Incident/Transaction		
Evidence (if any)		
Preferred Contact Details for updates and additional information	Tel No: _____ Mobile No: _____ Email : _____ Others : _____	

Data Privacy Statement

BMB may collect and process some Personal information as part of our process of evaluation, validation and investigation of our clients official transaction, commendation and complaints addressed to BMB.

BMB safeguard these information and do not share these information without the consent of our clients and use it solely for the purpose stated above in compliance to the Data Privacy Act of 2012.