



Republic of the Philippines
Office of the President
PHILIPPINE RACING COMMISSION

CLIENT COMPLAINT / FEEDBACK FORM

Person(s) complained of: _____

Department / section: _____

Nature of Complaint: _____

When did it happen?: _____

Facts of Complaint: _____

Desired Action from our Office: _____

Name of Complainant: _____

Address: _____

E-mail Address (if any): _____

Contact Number(s): _____

Signature: _____

Date: _____

- Accomplish this Feedback Form and kindly forward to our Bilis Aksyon Partner – Ms. Anna Maria T. Dimaano