



BARANGAY DASMARIÑAS



FORM NO. 7

**Republic of the Philippines
National Capital Region
Makati City**

OFFICE OF THE LUPONG TAGAPAMAYAPA

Complainant/s

(Name)

(Address)

(Contact No.)

Barangay Case No. _____

For _____

Against

Respondent/s

(Name)

(Address)

(Contact No.)

C O M P L A I N T

I/WE hereby complain against above named respondent/s violating my/our rights and interests in the following manner.

THEREFORE, I/WE pray that the following relief/s be granted to me/us in accordance with law and/or equity:

Made this _____ day of _____, 2020.

Complainant/s

Received and filed this _____ day of _____, 2020.

ROSSANA Y. HWANG
Punong Barangay / Lupon Chairman



BARANGAY DASMARIÑAS



_____ (Date)

Lined area for writing the complaint details.

_____ Complainant/s