



BUREAU OF AGRICULTURE AND FISHERIES STANDARDS

Organic Agriculture Division

Official Accreditation

COMPLAINT FORM

Version 1.0

COMPLAINANT INFORMATION AND DETAILS

Full Name:			
Name of Company / Agency / Organization			
Address:			
Contact Number:			
	<i>Landline</i>		<i>Mobile Phone</i>
Email Address:			

DETAILS AND NATURE OF COMPLAINT

Date & Time of Occurrence:	
Location of Occurrence:	
Description of Complaints: <i>(as detailed as possible; use additional sheets, if necessary; attach objective evidences (i.e. pictures, receipts, etc))</i>	

I hereby certify that the above information and details are true and correct to the best of my knowledge and belief.

<i>Date Signed</i>	<i>Signature Over Printed Name</i>

Declaration: The DA-BAFS shall take action/s on the complaint described thereof subject to the availability of the concerned personnel and the urgency of such. The complainant shall be informed on the status of the actions taken as prompt as possible. It is understood that the complainant gives the BAFS rights to check, validate and evaluate the credentials of same in order to check the authenticity of the complaint/s. The Bureau and the National Committee for Official Accreditation of Organic Certifying Body (NCOA-OCB), as the recipients and evaluators, shall not disclose in any manner or form, directly or indirectly, to any person or entity in any circumstances the personality of the complainant, unless otherwise the need arise.

DATE:	
RECEIVED BY	