

Republic of the Philippines  
Office of the City Mayor  
**Business Bureau**  
Davao City

**Complaint Form**

Date \_\_\_\_\_

Name of Complainant(s): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Respondents(s): \_\_\_\_\_

Nature of Complaint: \_\_\_\_\_  
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Signature of Complainant