



## DepEd – DIVISION OF QUEZON


Sitio Fori, Brgy. Talipan, Pagbilao, Quezon  
Cell # 09175824627 or at [www.depedquezon.com.ph](http://www.depedquezon.com.ph)  
"Creating Possibilities, Inspiring Innovations"



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### UNNUMBERED MEMORANDUM

TO: Public Schools District Supervisors, Elementary and Secondary School Heads, School Guidance and Designated Guidance Counselors, and All Concerned

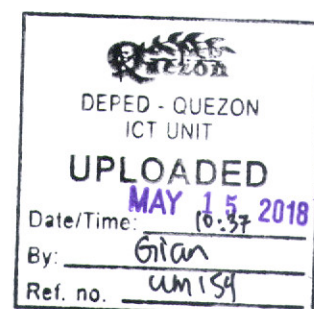
FROM:  MERTHEL M. EVARDOME, CESO VI  
Schools Division Superintendent

SUBJECT: Revised Official Intake Sheet (External Form) and Grievance Forms (Internal Forms)

DATE : May 11, 2018

In relation to the implementation of DepEd Official Forms and Division Memorandum No. 012, s. 2017, hereto attached are the official forms for Intake Sheet and Grievance Forms.

For your information and strict guidance. Immediate dissemination of this memorandum is hereby desired.



legjdn05/11/2018

DEPEDQUEZON-TM-SDS-04-010-000

Email address: [quezon@deped.gov.ph](mailto:quezon@deped.gov.ph)

Comments: Txt HELEN – 09178902327 (Smart/Sun/TalknTxt) 2327 (Globe and TM)  
Cell No: 09175824629



**Report of cases of abuse, violence, exploitation, discrimination, bullying or peer abuse and other related offenses**

School/Division/Region \_\_\_\_\_ Date \_\_\_\_\_  
 Period Covered \_\_\_\_\_ Designation \_\_\_\_\_  
 Person Submitting Report \_\_\_\_\_

VICTIM/S			RESPONDENT/S			SEX (M or F)	NATURE OF COMPLAINT	ACTION/S TAKEN	RECOMMENDATION/S
NAME	AGE	SEX (M or F)	NAME	AGE	SEX (M or F)				

*Sam*

Annex "B"

DEPARTMENT OF EDUCATION

INTAKE SHEET

**I. INFORMATION:**

**A. VICTIM:**

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
Gr./Yr and Section: \_\_\_\_\_ Adviser: \_\_\_\_\_

Parents:

Mother: \_\_\_\_\_ Age: \_\_\_\_\_

Occupation: \_\_\_\_\_

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

Father: \_\_\_\_\_ Age: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address and Contact Number: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**B. COMPLAINANT:**

Name: \_\_\_\_\_

Relationship to Victim: \_\_\_\_\_

Address and Contact Number: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**C. RESPONDENT:**

*C-1. If respondent is a School Personnel*

*Slm*

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Designation/Position: \_\_\_\_\_

Address and Contact Number: \_\_\_\_\_

*C.2. If respondent is a Student*

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Gr / Yr and Section: \_\_\_\_\_ Adviser: \_\_\_\_\_

Parents/Guardian:

Mother: \_\_\_\_\_ Age: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address and Contact Number: \_\_\_\_\_

Father: \_\_\_\_\_ Age: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address and Contact Number: \_\_\_\_\_

**II. DETAILS OF THE CASE:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Jan*

III. ACTION TAKEN:

- 1.
- 2.
- 3.
- 4.

IV. RECOMMENDATIONS:

- 1.
- 2.
- 3.

Prepared by:

\_\_\_\_\_  
Name over Printed Name

\_\_\_\_\_  
Designation

\_\_\_\_\_  
Date

*Sam*







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### GRIEVANCE AGREEMENT FORM

Name of Parties to a Grievance \_\_\_\_\_

Nature of the Grievance \_\_\_\_\_

Steps toward Settlement \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Agreement/s Reached:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We promised to abide by the above-stated agreement.

\_\_\_\_\_  
Aggrieved Party

\_\_\_\_\_  
Subject of Grievance

\_\_\_\_\_  
Member, Grievance Committee

\_\_\_\_\_  
Member, Grievance Committee

\_\_\_\_\_  
Chairman, Grievance Committee

\_\_\_\_\_  
Date

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### GRIEVANCE FORM

\_\_\_\_\_  
Date Filed

\_\_\_\_\_  
Name of Aggrieved Party

\_\_\_\_\_  
Section/Division/Office

\_\_\_\_\_  
Position/Title/Designation (If any)

\_\_\_\_\_  
Aggrieved Party's Higher Supervisor

**Nature/Subject of Grievance:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Action Desired:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Aggrieved Party/Date

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