



Upholding Human Rights,  
Sustaining Peace

Republic of the Philippines  
Autonomous Region in Muslim Mindanao  
**Regional Human Rights Commission**

**RHRC INVESTIGATION FORM No: 006**  
**COMPLAINT FORM FOR CHILD RIGHTS VIOLATION**

DOCKET NO.:		DATE AND TIME FILLED:
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**VICTIM'S DATA**

LAST NAME		FIRST NAME		MIDDLE NAME	NICKNAME/ALIAS
DATE OF BIRTH (mm/dd/yyyy)	PLACE OF BIRTH	CITIZENSHIP	RELIGION	AGE	GENDER
ADDRESS (NO.& ST.)	BARANGAY	MUNICIPALITY/ CITY		PROVINCE	
NAME OF FATHER		NAME OF MOTHER		NAME OF LEGAL GUARDIAN	TEL NO./ CELL NO.

CURRENT STATUS OF SCHOOLING     IN-SCHOOL                       OUT-OF-SCHOOL                       NOT OF SCHOOL AGE

HIGHEST EDUCATIONAL ATTAINMENT \_\_\_\_\_

Does the victim have Birth Certificate?     Yes     No, Why? \_\_\_\_\_

Is the victim a member of indigenous cultural community?     Yes     No

Is the victim a person with disability?     Yes     No

Is the victim an internally displaced person?  
 YES, due to natural calamity                       Yes, due to armed conflict                       Yes, due to development aggression  
 Yes, due to climate change                       Yes, due to man-made reason                       Yes, due to (specify) \_\_\_\_\_

Please specify place of temporary shelter/evacuation center \_\_\_\_\_

Is the victim living alone without adult supervision?     Yes     No

Victim is under the custody of:  
 Parents                       Police                       Jail Warden                       Reputable person in the community     NGO  
 Relatives                       Rebel group                       DSWD/Local Social Worker                       Private Child Caring Institution                       Barangay  
 Legal guardian                       Military                       Private Preson                       Public Child Caring Institution                       Other (please specify)

NAME : \_\_\_\_\_ Phone No. \_\_\_\_\_

ADDRESS (NO.& ST.) \_\_\_\_\_

Is there a need to refer the victim to a specialized agency/institution/organization for specific immediate and parallel intervention?     Yes                       No

NATURE OF INTERVENTION	WHERE (specify)	DESCRIPTION
<input type="checkbox"/> Temporary custody	<input type="checkbox"/> DSWD <input type="checkbox"/> NGO <input type="checkbox"/> Relatives <input type="checkbox"/> People's Org. <input type="checkbox"/> Local Social worker <input type="checkbox"/> Other Gov't Office <input type="checkbox"/> Others _____	
<input type="checkbox"/> Witness protection	<input type="checkbox"/> DOJ <input type="checkbox"/> RHRC-AVO	
<input type="checkbox"/> Medical attention	<input type="checkbox"/> Health Center <input type="checkbox"/> Private Hospital <input type="checkbox"/> DOH-run-Hospital <input type="checkbox"/> Child Protection Unit <input type="checkbox"/> Others _____	
<input type="checkbox"/> Forensic examination	<input type="checkbox"/> UP <input type="checkbox"/> Other Private Forensic Center/Expert <input type="checkbox"/> Others _____	
<input type="checkbox"/> Psychological assesment	<input type="checkbox"/> NGO <input type="checkbox"/> DOH-run-Psychologist <input type="checkbox"/> Child Protection Unit <input type="checkbox"/> Private Psychologist <input type="checkbox"/> DSWD/Local Social Worker <input type="checkbox"/> Others _____	
<input type="checkbox"/> Referral for ESCR violations	<input type="checkbox"/> Congress <input type="checkbox"/> NGO <input type="checkbox"/> National Gov't Agency <input type="checkbox"/> Private Institution <input type="checkbox"/> Regional Gov't Agency <input type="checkbox"/> International Organization <input type="checkbox"/> Local Gov't Unit <input type="checkbox"/> Others _____	

<input type="checkbox"/> Referral for Police/NBI Investigation	<input type="checkbox"/> Police <input type="checkbox"/> NBI	
<input type="checkbox"/> Recommendation for Referral for Diversion	<input type="checkbox"/> Family Court <input type="checkbox"/> DSWD/Local Social Worker <input type="checkbox"/> Others _____	
<input type="checkbox"/> Others	<input type="checkbox"/> Relatives <input type="checkbox"/> Gov't Office <input type="checkbox"/> Others _____	<input type="checkbox"/> People's Organization <input type="checkbox"/> Non-Gov't Organization

**(PLEASE FILL OUT ANOTHER SHEET FOR MORE THAN ONE VICTIM)**

WITNESSES FOR VICTIM				NO. OF WITNESS		
LAST NAME	FIRST NAME	MIDDLE NAME	NAME EXTENSION (Jr., Sr.)			
DATE OF BIRTH (mm/dd/yyyy)	PLACE OF BIRTH	CITIZENSHIP	GENDER	CIVIL STATUS	AGE	RANK (IF ANY)
ADDRESS (NO. & ST.)	BARANGAY	MUNICIPALITY/ CITY		PROVINCE	TEL NO./ CELL NO.	

**(PLEASE USE ANOTHER SHEET IF MORE THAN ONE WITNESS)**

**SOURCE OF COMPLAINT** (please provide details)

**Walk-in Client Assisting Organization**      Assisted by an organization?       Yes       No      Type:       Government       Other NGO

NAME: \_\_\_\_\_

ADDRESS (NO. & ST.)	BARANGAY	MUNICIPALITY	CITY	PROVINCE	TEL NO.
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**Referred by BHRAC**      BHRAC Address: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS (NO. & ST.)	BARANGAY	MUNICIPALITY	CITY	PROVINCE	TEL NO.
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**Referred by Partner/NGO**

NAME OF PARTNER/ORGANIZATION \_\_\_\_\_

ADDRESS (NO. & ST.)	BARANGAY	MUNICIPALITY	CITY	PROVINCE	TEL NO.
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**Investigative-Monitoring Sector**

Source of Information:

<input type="checkbox"/> TV BROADCAST (SPECIFIC CHANNEL)	<input type="checkbox"/> RADIO BROADCAST (SPECIFIC STATION)	<input type="checkbox"/> PRINT MEDIA (SPECIFY)	<input type="checkbox"/> OTHER (SPECIFY)
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Description: \_\_\_\_\_

**INCIDENT INFORMATION**

DATE OF INCIDENT	START:	END:	<input type="checkbox"/> ON-GOING
PLACE OF INCIDENT (No. & St.)	BARANGAY	MUNICIPALITY	CITY
		PROVINCE	TEL NO.

**SUMMARY OF INCIDENT**

\_\_\_\_\_  
**(SIGNATURE OVER PRINTED NAME)**  
**INVESTIGATOR IN-CHARGE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**RHRC FIELD OFFICE**