

Philippine Consulate General - Hong Kong
PHILIPPINE OVERSEAS LABOR OFFICE

REQUEST FOR ASSISTANCE
(Please fill-out this form clearly and completely)

WORKER'S PERSONAL DATA

Date: _____

Last Name

First Name

Middle Name

Phone No..

Philippine Address: _____ HKID#: _____

Birthdate: *(mm/dd/yy)* _____ Age: _____ Sex: _____ Civil Status: _____ Passport No.: _____

Philippine Agency: _____ Phone No.: _____

Hong Kong Agency: _____ Phone No.: _____

Employer's Name: _____ Address: _____ Phone No.: _____

Monthly Salary: HK\$ _____ First Day of Work: ____/____/____ Last Day of Work: ____/____/____

NATURE OF COMPLAINT/REQUEST: *(Please check)*

COMPLAINT AGAINST EMPLOYER

- Maltreatment/Mistreatment
- Psychological Abuse
- Sexual Abuse/Harassment
- Rape
- Poor Working/Living Condition
- Delayed/Unpaid Wages/Salaries
- Contract Violation/Substitution
- Imprisonment
- False Allegation
- Health/Medical Problem
- Personal Problem
- Immigration-Related Problem

COMPLAINT AGAINST HONG KONG AGENCY

- Request for Accommodation
- Others: *Please specify* _____

COMPLAINT AGAINST PHILIPPINE AGENCY

- Overcharging / Illegal Exaction
- Nature of Payment: _____
- Amount Paid: _____
- Date of Payment: _____
- Others: *Please specify* _____

REQUEST FOR SETTLEMENT OF CLAIMS

- Others: *Please specify* _____

REQUEST FOR HOSPITAL VISIT/MONITORING

Hospital: _____
Flr/Blk#/Ward/Bed#: _____
Diagnosis: _____
Date Admitted: _____

REQUEST FOR AIRPORT ASSISTANCE

Flight Date: _____
Airline: _____
Flight No.: _____
Departure Time (HK): _____ Arrival (PHIL): _____

Contact Person in the Philippines

Contact Person's Philippine Address

Relationship to OFW

Phone No

I hereby declare that all information provided herein are true and correct.

Name and Signature of Requesting Party

Phone No.

Relationship to OFW

Note: Kindly write in Filipino/English a short but complete details of your complaint/request at the back. Thank you.

MAIKLING SALAYSAY NG INYONG COMPLAINT/S:

Date: _____

REQUEST/S:

Name and Signature of Requesting Party

(FOR POLO/OWWA USE ONLY)

Date	Assistance/Intervention	Status/Remarks
		Referred to: <input type="checkbox"/> ATN/PCG <input type="checkbox"/> DSWD <input type="checkbox"/> HK LABOUR <input type="checkbox"/> IMMIGRATION <input type="checkbox"/> POEA <input type="checkbox"/> OWWA HO/RWO <input type="checkbox"/> Others (<i>Pls. specify</i>)