

Republic of the Philippines
Department of Justice
National Prosecution Service

INVESTIGATION DATA FORM

To be accomplished by the Office

DATE RECEIVED :

(stamped and initialed): _____

Time Received: _____

Receiving Staff: _____

NPS DOCKET NO.: _____

Assigned to: _____

Date Assigned: _____

To be accomplished by complainant/counsel/law enforcer
(Use back portion if space is not sufficient)

COMPLAINANT/S: Name, Sex, Age &
Address

LAW/S VIOLATED:

DATE & TIME of COMMISSION:

RESPONDENT/S: Name, Sex, Age &
Address

WITNESS/ES: Name & Address

PLACE of COMMISSION:

1. Has a similar complaint been filed before any other office? * YES ___ NO ___
2. Is this complaint in the nature of a counter-charge?* YES ___ NO ___
If yes, indicate details below.
3. Is this complaint related to another case before this office?* YES ___ NO ___
If yes, indicate details below.

I.S. No.: _____

Handling Prosecutor: _____

CERTIFICATION*

I CERTIFY, under oath, that all the information on this sheet are true and correct to the best of my knowledge and belief, that I have not commenced any action or filed any claim involving the same issues in any court, tribunal, or quasi-judicial agency, and that if I should thereafter learn that a similar action has been filed and/or is pending, I shall report that fact to this Honorable Office within five (5) days from knowledge thereof.

(Signature over printed name)

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20____, in

Prosecutor Administering Oath

***1, 2, 3 and Certification need not be accomplished for inquest cases**