



CITY HEALTH OFFICE



CITY HEALTH OFFICE

Administrative Division



ADMINISTRATIVE SERVICES

The Administrative Division offers the following services: Preparation of Medical and Death Certificate, Transfer Permit and Schedule of Activities.

<u>Issuance of Medical Certificate</u>	
Office or Division:	ADMINISTRATIVE DIVISION
Classification:	Simple
Type of Transaction:	G2C
Who may avail:	General Public
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
<u>For Enrollment/Scholarship</u>	
- Chest X-Ray	Laboratory Section
Complete Blood Count (CBC)	Laboratory Section
Urinalysis	Laboratory Section
<u>For Private Employment:</u>	
- Complete Blood Count (CBC)	Laboratory Section
- Urinalysis	Laboratory Section
- Fecalysis	Laboratory Section
- Chest X-Ray	Laboratory Section
- ECG	Laboratory Section
-Recent Drug Test	Laboratory Section
<u>For Government Employment:</u>	
- Complete Blood Count (CBC)	Laboratory Section
- Urinalysis	Laboratory Section
- Chest X-Ray	X-Ray Unit
- Neuropsychiatric Exam	
<u>For Fit to Work</u>	
- Record of Consultation / Recent Check-up Record from Legazpi City Health Office	
<u>For Training of Employee (Private) / Men in Uniform (PNP/BFP)</u>	
- Complete Blood Count (CBC)	Laboratory Section
- Urinalysis	Laboratory Section
- Fecalysis	X-Ray Unit
- Chest X-Ray	
- ECG	
-Recent Drug Test	
<u>Teacher For Annual Check-up / Reinstatement</u>	
X-Ray	X-Ray Unit
Urinalysis	Laboratory Section
- Birth Certificate of baby if from Maternity Leave	Local Civil Registrar's Office
<u>For Security Guard</u>	
- Complete Blood Count (CBC)	



- Urinalysis				
- Chest X-Ray				
-Recent Drug Test				
- Neuropsychiatric Test				
<u>For On the Job Training (OJT)</u>				
- Complete Blood Count (CBC)				
- Urinalysis				
- Fecalalysis				
- Chest X-Ray				
<u>For Reference : Medical Certificate Assistance for NGOs</u>				
- Certification of Indigency from the barangay	Barangay Captain			
<u>For Travel</u>				
-Certification of Non-PUI/PUM	Barangay Captain			
Result of Laboratory Exam if formerly COVID - 19 Positive (+)	ICR or any DOH Accredited Laboratory			
Certification of Monitoring Sheet	Barangay Captain/ICR			
- Official Receipt (OR)	City Treasurer’s Office (CTO)			
<u>For Bond</u>				
- Official Receipt (OR)				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client presents Of-ficial Receipt (OR) and other supporting documents at Administrative Division.	1 .Client is given list of required laboratory examinations to be completed first and instructed to pay fee at the City Treasurer’s Office (CTO) before securing medical certificate at Admin. Division	Regular: P50.00 Student: P30.00	3 mins	<i>Administrative. Aide I</i> <i>Administrative Officer I</i>
2. Client undergo Eye Acuity Test and Blood Pressure (BP)Screening.	2. Review of the submitted documents.	None	2 mins	<i>Administrative Aide I</i> <i>Administrative Officer I</i>



3. Client proceeds to Medical Division.	3. Preparation of Medical Certificate	None	11 mins	Administrative. Aide I Administrative Officer I
4. Client submits/ presents needed requirement/s at the receiving desk	4. Recording of the Official Receipt (OR) number and amount in the logbook.	None	5 mins.	Administrative. Aide I Administrative Officer I
5. Client fills up the information sheet.	5.1 Assessment of presented documents and conduct of the physical examination.	None		c/o Medical Division
	5.2 Signing of Medical Certificate (if with incidental findings, prescribes medicines and recommends appropriate laboratory tests, etc.).	None		c/o Medical Division
	Total:		15 Minutes	

Queeing /Waiting time is not included and time varies in the flow of conversation and presented documents.

For any inquiries/comments/complaints, please contact: **Fatima F. Intia – 09175613873**

Issuance of Death Certificate

Office or Division:	ADMINISTRATIVE DIVISION
Classification:	Simple
Type of Transaction:	G2C
Who may avail:	General Public (Relatives/Closest Informant of the Deceased)
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
For Death at Home or Community:	For Death at Home or Community:
- Certification from barangay Captain stating the following information:	- Certification from barangay Captain stating the following information:



1. Full Name of DECEASED including name extension (Jr., Sr., II, III)		1. Full Name of DECEASED including name extension (Jr., Sr., II, III)		
For Death at Home or Community:		For Death at Home or Community:		
2. Exact location or address of the deceased				
<u>For Death Considered as DEAD ON ARRIVAL (DOA):</u>				
- Certification of DOA		Hospital (where the DECEASED was taken)		
<u>For Death Due to Accident:</u>				
- Autopsy Report		Scene of Crime Office (SOCO)		
<u>For Death in Hospital:</u>				
- Concerned Hospital issues the Death Certificate		- Concerned Hospital issues the Death Certificate		
Review to be done by the City Health Officer or Medical Officer		- Review to be done by the City Health Officer or Medical Officer		
Concerned Hospital issues the Death Certificate		- Concerned Hospital issues the Death Certificate		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client submits request at the receiving desk.	1. Admin. Staff assist and instruct the client to pay fee at City Treasurer's Office (CTO).	P60.00	1 min.	Administrative Aide I Administrative Aide I
2. Client pays fee at the City Treasurer's Office (CTO).	2. Admin. Staff re-view the sub-mitted documents.	None	1 min	Administrative Aide I Administrative Aide I
3. Client submits/ presents needed requirement/s at the receiving desk.	3. Admin. Staff instructs the client to fill-up the information sheet.	None	3 mins	Administrative Aide I
4. Client submits/ presents needed requirement/s at the receiving desk.	4. Admin. Staff instructs the client to fill-up the information sheet.	None	3 mins	Administrative Aide I
5. Client fills up the information sheet.	5. Admin. Staff reviews the information sheet	None	1 min	Administrative Aide I



6. Client reviews the prepared Death Certificate.	6. Admin. Staff prepares the Death Certificate.	None	5 mins	<i>Administrative Aide I</i>
7. Client proceeds to the Medical Division for signature.	7. Admin. Staff for-wards the Death Certificate to Admin. Officer IV for signature in the absence of A.O. IV, a designated CHO staff signs the Death Certificate.	None	1 min	<i>Administrative Aide I</i>
8. Client proceeds to the embalming for signature	8. Conduct of interview with the informant/relative of the deceased for the cause of death.	None	30 mins	c/o Medical Division
9. Client proceeds to Local Civil Registrar's Office (LCRO) to register the Death Certificate.	9.1 Admin. Staff types the cause of death in the Death Certificate.	None	1 min	<i>Administrative Aide I</i>
	9.2 Recording of Official Receipt (OR) at Admin. Division.	None	1 min	<i>Administrative Aide I</i>
Total:		P60.00	47 mins	
Queeing/Waiting time is not included and the time varies on the flow of the conversation and presented documents.				
For any inquiries/comment/complaint, please contact: Fatima F. Intia – 09175613873				

Preparation of Transfer Permit

Office or Division:	ADMINISTRATIVE DIVISION
Classification:	Simple
Type of Transaction:	G2C
Who may avail:	Relatives/Closest informant of the Deceased
CHECKLIST OF REQUIREMENTS	
WHERE TO SECURE	



1. Completed Death Certificate		Local Civil Registrar's Office (LCRO)		
2. Official Receipt (OR)		City Treasurer's Office (CTO)		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client pays fee at the City Treasurer's Office (CTO).	1. Admin. Staff instructs client to pay fees at the City Treasurer's Office (CTO)	P60.00	2 mins	Administrative Aide I
2. Client pre-sents needed requirements at the Admin. Division.	2. Admin. Staff reviews the presented documents and prepares the permit.	None	5 mins	Administrative Aide I
3. Client pre-sents needed requirements at Admin. Division and presents the official receipt (OR)	3. Recording of Official Re-receipt (OR) in the logbook	None	2 mins.	Administrative Aide I
4. Client proceeds to medical division for the signing of the Transfer Permit	4. Client is instructed to proceed to the Medical Division for the signing of the Transfer Permit.	None	2 mins	Administrative Aide I
	Total:	P60.00	11 mins	
Queeing/Waiting Time is not included and time varies in the flow of conversation and presented document/s.				
For any inquiries/comments/complaints, please contact: Fatima F. Intia - 09175613843				

Request for Medical Team, Medical and Dental Mission and Speaker

Office or Division:	ADMINISTRATIVE DIVISION
Classification:	Simple
Type of Transaction:	G2C, G2G



Who may avail:	Government Agency, Non-Government Agency, Public and Private Office, Organization, Barangay			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Letter of Request addressed to the City Mayor and coursed thru the City Health Officer (at least one (1) month before the activity)		Requesting Party		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client coordinates at City Health Office (CHO).	1. Admin. Staff instructs the client to make a request letter to the City Mayor coursed thru the City Health Officer	None	5 mins	<i>Supervising Administrative Officer</i>
2. Client proceeds to City Mayor's Office to deliver the letter.	2. Admin. Staff receives the advanced copy of the letter.	None	1 min	<i>Administrative Aide I</i>
3. Client returns to City Health Office to give advance copy of the letter.	3. Admin. Staff temporarily calendar the request while waiting for the approval from the City Mayor's Office	None	2 mins.	<i>Supervising Administrative Officer</i>
4. The client do the follow-up of their request.	4. Admin. Staff advises the client to make a follow-up on the request.	none	5 working days	<i>Supervising Administrative Officer</i>
	Total:	None	5 days and 8 minutes * working days upon receipt of the request letter from the City Mayor's Office (CMO).	
Queeing/Waiting Time is not included and time varies in the flow of conversation and presented document/s.				
For any inquiries/comments/complaints, please contact: Fatima F. Intia - 09175613843				

Issuance of Medical Certificate for Travel



Office or Division:	ADMINISTRATIVE DIVISION			
Classification:	Simple			
Type of Transaction:	G2C, G2G			
Who may avail:	General Public			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
For Non PUI/PUM, APOR: Vaccination Card				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client present the needed requirements for securing medical certificate.	1.1 Admin. Div. staff receives and review the requirements for medical certificate	None	5 mins.	Administrative Aide I Administrative Officer I
	1.2. Admin. Staff encodes and prints the medical certificate.	None	5 mins.	
	1.3 Admin. Staff records and reviews medical certificate and forward it to the City Health Officer for signature.	None	10 mins.	Administrative Aide I
	1.4. Admin. Staff checks the medical certificate in the log-book and endorses/forwards	None	5 mins	Administrative Aide I



	it to Admission Area for release.			
	Total:	None	25 mins	
Queeing/Waiting Time is not included and time varies in the flow of conversation and presented document/s.				
For any inquiries/comments/complaints, please contact: Fatima F. Intia - 09175613843				

For Client in Need of Certification/Certified True Copy:

Office or Division:	ADMINISTRATIVE DIVISION			
Classification:	Simple			
Type of Transaction:	G2C, G2G			
Who may avail:	General Public			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
. For Certification - Data needed for the certification - Official Receipt (OR) from City Treasurer's Office (CTO)		Administrative Division		
B. For Certified True Copy - Original copy of documents/papers needed to be certified - Official Receipt (OR) from City Treasurer's Office (CTO)		Administrative Division		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. The client is presents the needed data	1. Admin. staff assist the client and give instruct-ion to pay fee at the City Treasurer's Office (CTO)	P50.00	2 mins	Administrative Aide I Administrative Officer I
2. The client pays the fee at the	2. Admin. The staff prepare the	None		



City Treasurer's Office (CTO)	certification upon presentation of complete data and official receipt		12 mins	<i>Administrative Aide I</i>
3.The client presents the Official Receipt (OR)	3. Admin. Staff forward the certificate to the head of the office for signature	None	1 min	<i>Administrative Aide I</i> <i>Administrative Officer</i>
4.Client get the certification	4. Release of certificate	None	1 min	<i>Administrative Aide I</i>
B. For Certified True Copy 1. Client presents the original document/papers needed to be certified	1. Admin. staff assist the client and give instruction to pay fee at the City Treasurer's Office (CTO)	P50.00	2 mins	<i>Administrative Aide I</i> <i>Administrative Officer I</i>
2. The client pays the fee at the City Treasurer's Office (CTO) and presents the OR to Admin.Division	2. Admin. Staff ask the client for the original copy of document/- papers needed to be certified upon presentation of OR and forward it to the Admin.OfficerIV for processing	None	3 min	<i>Administrative Aide I</i> <i>Nursing Aide</i> <i>Administrative Officer I</i>
2. The client pays the fee at the City Treasurer's Office (CTO) and present the OR to Admin.Division	3. Admin. Staff ask the client for the original copy of the document/- papers needed to be certified upon presentation of OR and forward it to the Admin. Officer IV for	None	2 mins	<i>Administrative Aide I</i> <i>Nursing Aide</i> <i>Administrative Officer I</i> <i>Supervising Administrative Officer</i>



	processing			
	2.1 Release of the certified document/papers	None	2 min	Administrative Officer I Supervising Administrative Officer
	Total:	P100.00	23 minutes	
Queeing/Waiting Time is not included and time varies in the flow of conversation and presented document/s.				
For any inquiries/comments/complaints, please contact: Fatima F. Intia - 09175613843				

NOTICE:

The number of minutes per service may vary depending on the level of care needed to be given to a patient/client and depending on the requirements presented.

FEEDBACK AND COMPLAINT MECHANISM	
How to send a feedback:	1. By Serving feedback form or 2. Thru the following cellphone numbers: 09771833638 – Dr. Fulbert Alec R. Gillego 09175613843 – Fatima F. Intia
How feedbacks are processed?	1. By asking short and simple questions. 2. Think of the experience it will give to the client. 3. Pay attention to the feedback. 4. Turn feedback into action. 5. Share the feedback to all members of the office.
How to file a complaint?	1. Secure a Form 3 (Complaint Form) from the Public Assistance and Complaint Desk (PACD) 2. Write your complaint in the form and include the following: A. Complete name of the person you are



	complaining B. Date C. Time 3. Drop the filled-up complaint form in the drop box located at PACD or
How complaints are processed?	1. Get The reason of complaints. 2. Listen to the complainant. 3. Acknowledge the problem. 4. Get the facts. 5. Offerr a solution. 6. Talk to the concerned employee, and give a disciplinary action, if needed contact information of: 09771833638 – Dr. Fulbert Alec R. Gillego 09175613843 – Fatima F. Intia



CITY HEALTH OFFICE

Dental Division



DENTAL SERVICES

The Dental Clinic offers the following services: Oral Examination, tooth Extraction, Restoration, oral prophylaxis and fluoridization.

<u>CHECK-UP</u>				
Office or Division:	DENTAL DIVISION			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All constituents of Legazpi City			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Official Receipt (OR)			City Treasurer's Office (CTO)	
PhilHealth ID (Masa, NHTS), MDR				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client fill-up Form 1.	<u>* For New Patient:</u> -Make a new individual treatment record (ITR) <u>* For Old Patient:</u> - Retrieves and updates the ITR	None	20 mins	<i>Dentist I</i> <i>Dentist II</i> <i>Dentist III</i>
	1.1 The Dentists do the oral examination if the tooth/teeth is indicated of extraction or any other treatment	None	20 mins	<i>Dentist I</i> <i>Dentist II</i> <i>Dentist III</i>
	1.2 If indicated for extraction: the patient is given a charge slip and directed to City Treasurer's Of	P120.00	15 mins	<i>Dentist I</i> <i>Dentist II</i> <i>Dentist III</i>



	Office (CTO).			
	1.3 The patient will come back and wait for their names to be called to undergo to the treatment	None	15 mins.	<i>Dentist I</i> <i>Dentist II</i> <i>Dentist III</i>
	1. 4 After the procedure, the dentist prescribed the necessary medication and explained the post operative instructions	None	1 hour	<i>Dentist I</i> <i>Dentist II</i> <i>Dentist III</i>
	Total:		2 hours and 2 minutes	
Queeing /Waiting time is not included and time varies in the flow of conversation and presented documents.				
For any inquiries/comments/complaints, please contact: Fatima F. Intia – 09175613873				

Issuance of Dental Certificate

Office or Division:	DENTAL DIVISION			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All constituents of Legazpi City			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Official Receipt (OR)		City Treasurer's Office (CTO)		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Issuance of Dental Certificates :	1.1 Patient will be given charge slip and directed to City Treasurer's Office (CTO).	P50.00	15 mins	<i>Dentist I</i> <i>Dentist II</i> <i>Dentist III</i>
Client proceeds to Dental Division to submit for oral				



examination and fill-up the necessary documents				
	1.2. Dentists do the oral examination and fill up the necessary documents.	None	20 mins	<i>Dentist I</i> <i>Dentist II</i> <i>Dentist III</i>
2. Oral Consultation for pregnant women	2. Schedule: Every Tuesday & Thursday scheduled of Pregnant Women Oral Examination, Dental Mission, Daycare Center, any-time requested by different barangays and other agencies. Fluoridization scheduled 2x a year for ages 1-5.	None	20 mins.	<i>Dentist I</i> <i>Dentist II</i> <i>Dentist III</i>
Total:		P60.00	45 mins	
Queeing/Waiting time is not included and the time varies on the flow of the conversation and presented documents.				
For any inquiries/comment/complacompaintase contact: Fatima F. Intia – 09175613873				

NOTICE:

The number of minutes per service may vary depending on the level of care needed to be given to a patient/client and depending on the requirements presented.

FEEDBACK AND COMPLAINT MECHANISM	
How to send a feedback:	1. By Serving feedback form or 2. Thru the following cellphone numbers: 09771833638 – Dr. Fulbert Alec R. Gillego 09173118654 - Dr. Maylen A. Andes
How feedbacks are processed?	1. By asking short and simple questions.



	2. Think of the experience it will give to the client. 3. Pay attention to the feedback. 4. Turn feedback into action. 5. Share the feedback to all members of the office.
How to file a complaint?	1. Secure a Form 3 (Complaint Form) from the Public Assistance and Complaint Desk (PACD) 2. Write your complaint in the form and include the following: A. Complete name of the person you are complaining B. Date C. Time 3. Drop the filled-up complaint form in the drop box located at PACD or
How complaints are processed?	1. Get The reason of complaints. 2. Listen to the complainant. 3. Acknowledge the problem. 4. Get the facts. 5. Offerr a solution. 6. Talk to the concerned employee, and give a disciplinary action, if needed contact information of: 09771833638 – Dr. Fulbert Alec R. Gillego 09173118654 - Dr. Maylen A. Andes



CITY HEALTH OFFICE

Environmental and Sanitation Section



ENVIRONMENTAL and SANITATION SERVICES

Office or Division:	ENVIRONMENTAL SANITATION SECTION	
Classification:	Simple	
Type of Transaction:	G2C	
Who may avail:	Walk-in clients	
CHECKLIST OF REQUIREMENTS:		WHERE TO SECURE:
<u>For Walk-in Client:</u> Official Receipt (OR)		City Treasurer's Office (CTO)
<u>For Blue Card (Food Handler):</u> Official Receipt (OR) Sputum Result Chest X-Ray Result for the last six (6) mths Latest Residence Certificate Latest Residence Certificate Food Handler's Seminar Certificate Rectal Swab Original Official Receipt 1 x 1 ID Picture (Latest)		Official Receipt (OR) City Health Office (Laboratory Section) City Health Office (X-Ray Unit) or any other X-Ray facility Place of Residency City Health Office (Environmental Sanitation Section) Department of Health, BRTTH Compound, Legazpi City
<u>For PINK Card and BLUE Card (Non-Food Handler):</u> Official Receipt (OR) Sputum Result 1 x 1 ID Picture (Latest)		City Treasurer's Office (CTO) City Health Office (Laboratory Section) City Health Office (Laboratory Section)
<u>For YELLOW Card:</u> Official Receipt (OR)		



HIV/RPR Latest Result for GROs	City Treasurer's Office (CTO) City Health Office (Social Hygiene Clinic)
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CHECKLIST OF REQUIREMENTS:		WHERE TO SECURE:		
Latest Residence Certificate 2 x 2 ID Picture (Latest) 2 pcs.		Place of Residency		
<u>For Massage Therapist/Masseus</u> Photocopy of NC II Certificate or License for Massage Therapist/Masseur		TESDA Regional Office/Department of Health Regional Office V		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client presents complete documents to Environmental Sanitation Section staff.	1. Environmental Sanitation Section staff registers the health card/yellow card.	None	5 mins.	SI III <i>SI II</i> <i>S.I. Designate</i>
	2. ESS staff release health card/yellow card to client.		5 mins.	SI III <i>SI II</i> <i>S.I. Designate</i>

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
	3. ESS staff	None	5 mins.	SI III



	instructs clients to proceed to the Medical Division for signature			<i>SI II</i> <i>S.I. Designate</i>
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Total Time: 15 minutes

Queeing/Waiting time is not included.

For any inquiries/comment/complaint, please contact: Jacquenette Ann V. Calamucha: 09392625123

REQUIREMENTS FOR WATER REFILLING STATIONS

Office or Division:	ENVIRONMENTAL SANITATION SECTION
Classification:	Highly Technical
Type of Transaction:	G2B
Who may avail:	Owners of Water Refilling Stations (WRS)/Water Vending Machines/Mobile Water Tank Suppliers/Water Haulers
CHECKLIST OF REQUIREMENTS:	WHERE TO SECURE:
Official Receipt (OR) Operational Permit if source of water is from Level I and Level II Original Copy Bi-annual Physical-Chemical results of water sample - Photocopy	City Treasurer's Office (CTO) Department of Health Regional Office V Bagtang, Daraga, Albay Any Department of Health Accredited Water Analysis Laboratory

CHECKLIST OF REQUIREMENTS:	WHERE TO SECURE:
Initial Bacteriological Result of Water Sample-Photocopy Certification from Legazpi City Water District if water source is public - Original copy	Any Department of Health Accredited Water Analysis Laboratory Legazpi City Water District (LCWD) Bitano, Le-gazpi City



CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client presents complete documents to ESS staff.	1. ESS staff reviews the submitted documents and gives claim stub. Operational Permit Certificate of Water Potability Drinking Water Site Clearance: Level I Level II Sanitary Survey	P600.00 P300.00 P100.00 P200.00 P150.00	20 days	Sanitary Inspector III <i>Sanitary Inspector II</i> <i>Sanitary Inspector Designate</i>
	2. ESS staff prepares documents and submits to City Health Officer and City Mayor for signature.			Dr. Fulbert Alec R. Gillego / <i>CHO Officer</i> Noel E. Rosal / <i>City Mayor</i>

Total Time: 20 days

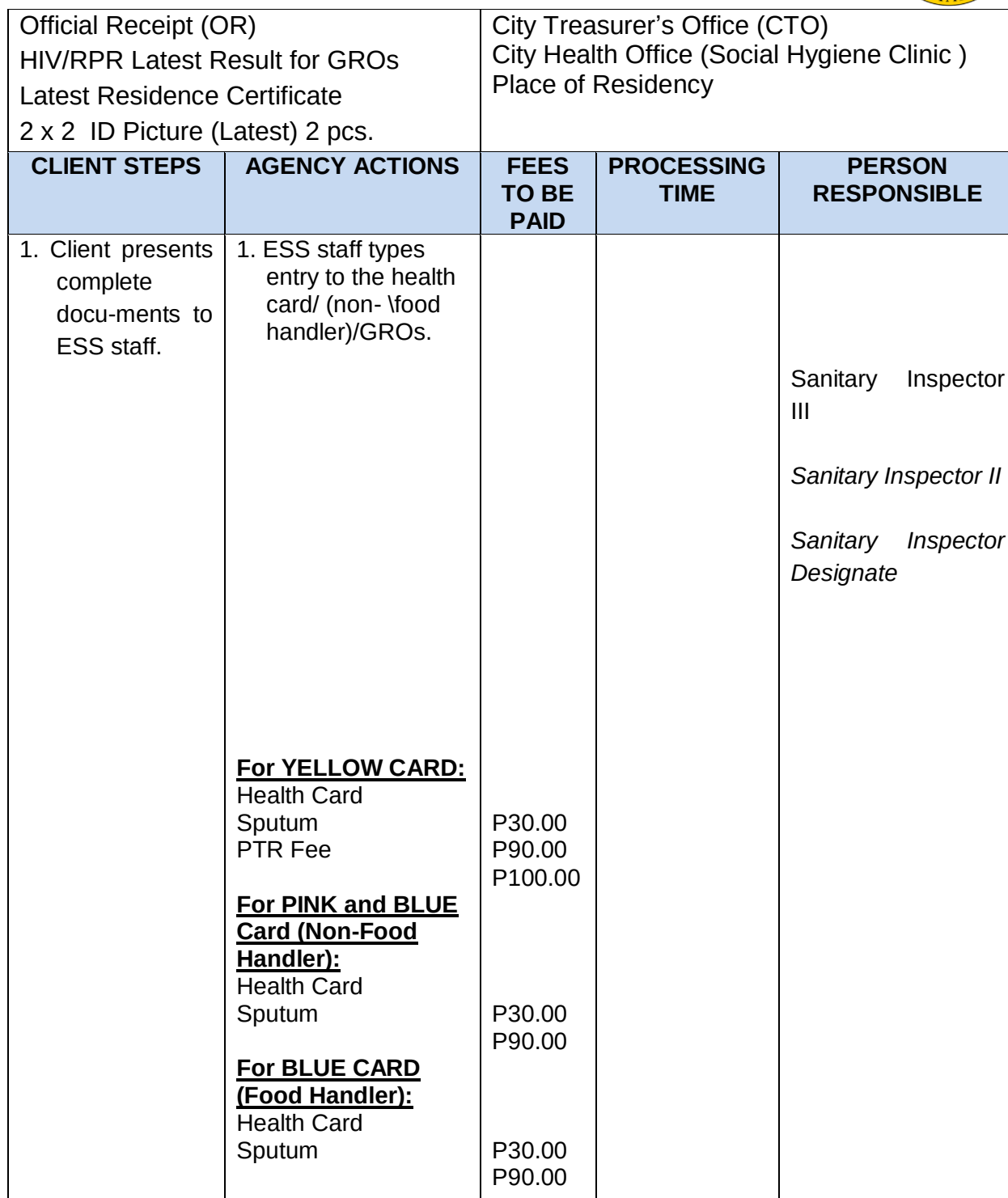
Queeing/Waiting time is not included.

For any inquiries/comment/complaint, please contact: Jacquenette Ann V. Calamucha: 09392625123

Issuance of HEALTH CARD

Office or Division:	Environmental sanitation Section
Classification:	Simple
Type of Transaction:	G2C

Who may avail:	Walk-in clients
CHECKLIST OF REQUIREMENTS:	WHERE TO SECURE:





CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
	Stool Chest X-ray	P60.00 P120.00		
	2. ESS staff release health card/yellow card to client.		5 mins.	Sanitary Inspector III <i>Sanitary Inspector II</i> <i>Sanitary Inspector Designate</i>
	3. ESS staff instructs clients to proceed to CHO laboratory for submission of specimen.		5 mins.	Sanitary Inspector III <i>Sanitary Inspector II</i> <i>Sanitary Inspector Designate</i>
	4. ESS staff advice clients to return for health cards after compliance of the laboratory exam		5 mins.	Sanitary Inspector III <i>Sanitary Inspector II</i> <i>Sanitary Inspector Designate</i>
Total Time: 20 minutes				
Queeing/Waiting time is not included.				
For any inquiries/comment/complaint, please contact: Jacquenette Ann V. Calamucha: 09392625123				



<u>Issuance of Sanitary Vehicle Clearance:</u>				
Office or Division:	ENVIRONMENTAL SANITATION SECTION			
Classification:	Complex			
Type of Transaction:	G2B			
Who may avail:	Catering Services/Bakeshops/Water Refilling Stations(WRS)/Water Tank Suppliers & Haulers/Restaurants with Food Deliveries outside the city			
CHECKLIST OF REQUIREMENTS:			WHERE TO SECURE:	
Official Receipt (OR) Original with Photocopy			Photocopy of OR and C.R. of Delivery Vehicle	
Photocopy of OR and C.R. of Delivery Vehicle				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client proceeds to ESS	1. ESS staff gives client order of payment for Sanitary Delivery Vehicle inspection.	P150.00	5 mins.	Sanitary Inspector III <i>Sanitary Inspector II</i> <i>Sanitary Inspector Designate</i>
2. Client proceeds to City Treasurer's office (CTO) for payment.	2. ESS staff files the photocopy of receipt and advice clients to notify CHO if delivery vehicle is ready for business		5 mins.	
3. Client presents the receipt and submits the photocopy to ESS staff. CHO and give the OR to ESS staff.	3. ESS staff conducts inspection and advice clients to return to ESS Section after 2		2 days	ESS Chief <i>Sanitary Inspector</i>



CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
	days			Sanitary Inspector
4. Client proceeds to ESS Section to claim the Delivery Vehicle Clearance.	4. ESS staff issues Sa-nitary Vehicle Clearance and forward it to ESS Chief and City Health Officer for signature.		1 day	<i>ESS Chief</i> <i>City Health Officer II</i>
Total Time: 4 days and 15 minutes				
Queeing/Waiting time is not included.				
For any inquiries/comment/complaint, please contact: Jacquenette Ann V. Calamucha: 09392625123				
<u>Request for Water Sampling:</u>				
NOTE: Schedule of Water Sampling is from Monday to Thursday only 8:00am to 3:00pm				
Office or Division:	ENVIRONMENTAL SANITATION SECTION			
Classification:	Complex			
Type of Transaction:	G2G, G2B, G2C			
Who may avail:	Any client			
CHECKLIST OF REQUIREMENTS:		WHERE TO SECURE:		
Official Receipt (OR)		City Treasurer's Office (CTO)		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client proceeds to ESS.	1. ESS staff records the receipt and gives Colilert	P600.00	5 mins	Sanitary Inspector III <i>Sanitary Inspector II</i>



2. Client submits the wa-	bottle and instructs client with regards to water collection and sub-mission of water sampling. 2 .ESS staff advice		1 week	Sanitary Inspector Designate
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CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
ter sample specimen to ESS.	client to get results			
Total Time: 1 week and 5 minutes				
Queeing/Waiting time is not included.				
For any inquiries/comment/complaint, please contact: Jacquenette Ann V. Calamucha: 09392625123				
<u>Request for Fumigation</u>				
Office or Division :	ENVIRONMENTAL SANITATION SECTION			
Classification :	Highly Technical			
Type of Transaction :	G2G, G2B, G2C			
Who may avail :	Any client			
CHECKLIST OF REQUIREMENTS:			WHERE TO SECURE:	
Letter Request addressed to the City Health Officer with Photocopy				
Gasoline Expenses for Fogging Machine if Private				
Gasoline/Diesel for Fogging Machine Unlead-ed Gasoline for chemical dilution depending on the area size				



Total Time: 2 weeks and 5 minutes	
Queeing/Waiting time is not included.	
For any inquiries/comment/complaint, please contact: Jacquenette Ann V. Calamucha: 09392625123	
<u>Registration of Sanitary Permits/Health Clearance/Health Cards</u>	
Office/Division:	ENVIRONMENTAL SANITATION SECTION
Classification:	Simple
Type of Transaction:	G2B
Who may avail:	All Business Establishments
CHECKLIST OF REQUIREMENTS:	WHERE TO SECURE:
Official Receipt	Official Receipt
Duly Accomplished Sanitary Permit/Health Cards/Health Clearance	
Valid Wastewater Discharge Permit for Hotels/Restaurants/Lodging Houses/Inns/Funeral Parlors/Apartelles/Laboratories/Manufacturing/Laundry Shops/Catering Services-Photocopy only	DENR-EMB Regional Center site Rawis, Legazpi City
Permit to Operate for Generator Set if there is any- Photocopy only	DENR-EMB Regional Center Site Rawis, Legazpi City
Permit to Operate for Generator Set if there is any- Photocopy only	DENR-EMB Regional Center Site Rawis, Legazpi

CHECKLIST OF REQUIREMENTS:	WHERE TO SECURE:
Permit to Operate for Underground Tank for Gasoline Stations- Photocopy only	DENR-EMB Regional Center Site Rawis, Legazpi city
Permit to Operate for Compressor for Auto Painting Shops-Photocopy	DENR-EMB Regional Center Site Rawis, Legazpi city



only				
FDA License to Operate for Drugstore/Lying-in Clinics/Hospitals/Bakeries/Funeral Parlors-Photocopy only		DOH-FDA Regional Office V Bagtang, Daraga, Albay		
License Certificate or NCT II Certificate for Massage Therapist/Masseur for Massage Parlor-Photocopy		DOH Regional V Office Bagtang, Daraga, Albay		
DENR ID for Hazardous Waste for Funeral Parlors/Hospitals/Lying-in Clinics/Medical Clinics		DENR-EMB Regional Center Site Rawis, Legazpi City		
Operational Clearance for Cemeteries-Photocopy only		DOH Regional V Office Bagtang, Daraga, Albay		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client presents complete documents to ESS staff.	1. ESS staff reviews the submitted documents and releases claim stub to clients.	Amount of fees to be paid for the Services, based on the Order of Payment issued by the CTO with reference to City Ordinance No. 13-2007(Revenue Code of Legazpi City)		Sanitary Inspector III <i>Sanitary Inspector II</i> <i>Sanitary Inspector Designate</i>
. Client presents the claim stub.	2. ESS staff informs clients to claim the submitted documents		5 mins.	Sanitary Inspector III <i>Sanitary Inspector II</i>



				Sanitary Inspector Designate
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CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
	the following day.			
	3. ESS staff registers the accomplished documents and submits to ESS Chief and City Health Officer for signature.	None	1 day	Sanitary Inspector III Sanitary Inspector II Sanitary Inspector Designate

Total Time: 2 weeks and 5 minutes

Queeing/Waiting time is not included.

For any inquiries/comment/complaint, please contact: Jacquenette Ann V. Calamucha: 09392625123

Issuance of Smoking Permit

Office or Division:	ENVIRONMENTAL SANITATION SECTION
Classification:	Simple
Type of Transaction:	G2B
Who may avail:	All Business Establishments with Smoking Area

CHECKLIST OF REQUIREMENTS:

WHERE TO SECURE:

Certificate of Compliance

City Engineering Office (CEO)

CLIENT STEPS	AGENCY ACTIONS	FEES TO	PROCESSING TIME	PERSON RESPONSIBLE
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		BE PAID		
1. Client presents to ESS the required documents.	1. ESS staff prepares the Smoking Permit and submit to ESS Chief for signature.	5 mins		<i>ESS Chief</i> <i>Sanitary Inspector III</i> <i>Sanitary Inspector II</i> <i>Sanitary Inspector Designate</i>

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
	2. ESS staff releases the Smoking Permit and advice client to proceed to the City Health Officer 's office for signature			

Total Time: 5 minutes

Queeing/Waiting time is not included.

For any inquiries/comment/complaint, please contact: Jacquenette Ann V. Calamucha: 09392625123

Sanitary Complaints

Office or Division:	ENVIRONMENTAL SANITATION SECTION
Classification:	Simple / Highly Technical
Type of Transaction:	G2c, G2b, G2g
Who may avail:	Any Client
CHECKLIST OF WHERE TO SECURE:	



REQUIREMENTS:				
Letter of Complaint/Complaint Filed at CHO		Complaining Party		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client presents the required documents if barangay issues.	1. ESS staff receives the documents and advice clients to returned after 2 weeks	None	5 mins.	Sanitary Inspector III <i>Sanitary Inspector II</i> <i>Sanitary Inspector Designate</i>

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
<u>For Walk-in Clients:</u> Client proceeds to ESS for filing complaints (food issues)				Sanitary Inspector III <i>Sanitary Inspector II</i> <i>Sanitary Inspector Designate</i>
	2. ESS staff records the complaint filed.	None	5 mins. 1 day for walk-in clients.	Sanitary Inspector III <i>Sanitary</i>



				Inspector II Sanitary Inspector Designate
	3. ESS staff conducts in- vestigation			

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
				ESS Chief Sanitary Inspector III Sanitary Inspector II Sanitary Inspector Designate
	4. ESS staff prepares reports and submits to the City Health Officer for review and evaluation.			ESS Chief Sanitary Inspector III Sanitary Inspector II Sanitary Inspector Designate
Total Time: 4 days and 10 minutes				



Queeing/Waiting time is not included.

For any inquiries/comment/complaint, please contact: Jacquenette Ann V. Calamucha:
09392625123

COVID 19 Related Activities (MISTING)

Office or Division:	ENVIRONMENTAL SANITATION SECTION
Classification:	Highly Technical
Type of Transaction:	G2C, G2B, G2G
Who may avail:	General Public

CHECKLIST OF REQUIREMENTS:		WHERE TO SECURE:		
Letter of Request				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client submits letter of request to Admin. Division.	1. Admin. Staff receives the letter, enter it in the incoming communication logbook and make a follow-up then forward the letter to the City Health Officer.	none	5 mins	<i>Administrative Aide I</i>
2. Client make a follow-up.	2. Admin. Staff schedule the misting activity after CHO Officer		1-5 mins	<i>Administrative Aide I</i>



	approved the request.			
Total Time: 5-10 mins				
Queeing/Waiting time is not included.				
For any inquiries/comment/complaint, please contact: Jacquenette Ann V. Calamucha: 09392625123				

FEEDBACK AND COMPLAINT MECHANISM	
How to send a feedback:	1. By Serving feedback form or 2. Thru the following cellphone numbers: 09771833638 – Dr. Fulbert Alec R. Gillego 09392625123 – Jacquenette Ann V. Calamucha
How feedbacks are processed?	1. By asking short and simple questions. 2. Think of the experience it will give to the client. 3. Pay attention to the feedback. 4. Turn feedback into action. 5. Share the feedback to all members of the office.
How to file a complaint?	1. Secure a Form 3 (Complaint Form) from the Public Assistance and Complaint Desk (PACD) 2. Write your complaint in the form and include the following: A. Complete name of the person you are complaining B. Date C. Time 3. Drop the filled-up complaint form in the drop box located at PACD or
How complaints are processed?	1. Get The reason of complaints. 2. Listen to the complainant. 3. Acknowledge the problem.



	4. Get the facts. 5. Offerr a solution. 6. Talk to the concerned employee, and give a disciplinary action, if needed contact information of: 09771833638 – Dr. Fulbert Alec R. Gillego 09392625123 – Jacquenette Ann V. Calamucha
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CITY HEALTH OFFICE

Health Program Management Division



HEALTH PROGRAM MANAGEMENT DIVISION

Request for Use of Ambulance 1				
Office or Division:	HEALTH PROGRAM MANAGEMENT DIVISION			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Pregnant, Newborn, Under Five Children, Older Children, Teenagers, Adults, Senior Citizen			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
If mentally-ill patient, relatives are required to provide escorts/s during transport		PSO or Barangay Tanod		
Referral Form		CSWDO		
Letter request signed by City Health Officer		CHO		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client coordinates at City Health Office (CHO)	1. HEMS staff instructs the client to secure note of approval from City Mayor's Office (CMO)	None	2 mins	Population Program Officer I
2. Client proceeds to City Mayor's Office (CMO) to seek for approval and note.	2. Hems Staff interview the client and schedule transport.	None	10 mins	Population Program Officer I
3. Client returns to City Health Office to give advance copy of the letter	3. Hems staff temporarily calendar the request while waiting for the approval from the City Mayor's Office	None	2 mins	Population Program Officer I



4. The client do the follow-up of their request.	4.Hems staff advises the client to make a follow-up on the request.	None	3 working days	Population Program Officer I
	Total:		3 days and 14 minutes	

Queuing/Waiting time is not included.

For any inquiries/comment/complaint, please contact: **Maricel S. Banzuela - 09171365502**

Request for Medical Team

Office or Division:	HEALTH PROGRAM MANAGEMENT DIVISION
Classification:	Simple
Type of Transaction:	G2C ,G2G
Who may avail:	All

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Letter of Request addressed to the City Mayor and coursed thru the City Health Officer at least one (1) month before the activity)	
Referral Form	CSWDO
Letter signed by City Health Officer and City Mayor	

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client coordinates at City Health Office (CHO)	1. HEMS Staff instructs the client to make a request letter to the City Mayor coursed thru the City Health Officer	None	5 mins	Population Program Officer I
2. Client proceeds to City Mayor's Office to deliver the letter.	2.1HEMS Staff receives the advanced copy of the letter.	None	1 min	Population Program Officer I
	2.2HEMS Staff receives and review and document the request.	None	2 mins	Population Program Officer I



3. The client do the follow-up of their request.	3.Hems staff advises the client to make a follow-up on the request.	None	3 days	Population Program Officer I
Total:		None	3 days and 8 mins	
Queuing/Waiting time is not included.				
For any inquiries/comment/complaint, please contact: Maricel S. Banzuela - 09171365502				

NOTICE:

The number of minutes per service may vary depending on the level of care needed to be given to a patient/client and depending on the requirements presented.

Request for Use of Ambulance 2					
Office or Division:		HEALTH PROGRAM MANAGEMENT DIVISION			
Classification:		Simple			
Type of Transaction:		G2C			
Who may avail:		Pregnant, Newborn, Under Five Children, Older Children, Teenagers, Adults, Senior Citizen			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE		
Referral Form					
Letter signed by City Health Officer and City Mayor					
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Relative/Client request for transfer of confinement	1. Interviewed and asked Relative/Client for ambulance letter request	None	5 mins	Nurse on Duty	
2. Relative/Client is instructed to wait at the designated waiting area.	2. Waiting for Admin Office or Senior House Officer for the approval and release of Trip Ticket	None	2 mins	Admin Officer	
3. For request outside Legazpi City, relative/client is instructed to follow up to HEMS staff	3. Waiting for the approval of travel order and release of Trip Ticket	None	3 days	Admin Officer/HEMS Staff	
4. Relative/Client is informed of approval/Disapproval	4.1 Approved/Disapproved the validity of verbal/personal request.	None	3 mins	Admin Officer/HEMS Staff	



	4.2 Sworn Statement with Release of Liability Waiver for ambulance use will be discussed to the requesting party and after concurring be signed with the witness	None	3 mins	Admin Officer/HEMS Staff
5. Relative/Client is given instruction on when to pick up the patient	5.Ambulance is provided,HEMS assistance be on case to case basis.	None	5 mins	Admin Officer/HEMS Staff
6.Relative/Client is being informed that ambulance driver is ready to pick up the patient.	6. Pick-up the patient	None	Travel Time	Driver
Total:		None	36 minutes	
Queuing/Waiting time is not included.				
For any inquiries/comment/compliant, please contact: Maricel S. Banzuela - 09171365502				

Request for RT-PCR/ Antigen Test				
Office or Division:	HEALTH PROGRAM MANAGEMENT DIVISION			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Close Contact, Symptomatic/Asymptomatic, Frontline Health Care Worker and Travelers			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Request letter received and signed by City Health Officer				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. The client/patient proceeds to Triage Area	1. Profiling of Patients/Client for Rt-Pcr and Antigen Testing	None	5 Mins	Nurse on Duty
2. Patients waits to be called	2.1 wabbing/Antigen Testing of Patients/Clients	None	5 Mins	Medtech on Duty
	2.2 Collection/Examination of Specimen	None	5 Mins	Medtech on Duty
	2.3 RT-PCR specimen to be transported to BRDRL	None	5 Mins	Medtech on Duty & Driver
	2.4 Specimen for Antigen Testing is being checked or observed or examined by the Medtech for the result	None	5 Mins	Medtech on Duty



3. The patient is informed to wait for the result.	3.Releasing of Results	None	20 Mins for Antigen 24-48 hrs or RT-PCR	Medtech/Nurse on Duty
Total:		None	45 minutes	
Queuing/Waiting time is not included.				
For any inquiries/comment/compliant, please contact: Maricel S. Banzuela - 09171365502				

Primary Health Care Services / Ekonsulta				
Office or Division:	HEALTH PROGRAM MANAGEMENT DIVISION			
Classification:				
Type of Transaction:	G2C			
Who may avail:	Pregnant, Newborn, Under Five Children, Older Children, Teenagers, Adults, Senior Citizen			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Any personal identification or ID for validation of spelling / Member Data Record (for dependent client)		Philhealth Office		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Patients fills up the Ekonsulta registration form.	1.Interviews client. <u>For New Patient</u> – Ekonsulta Registration form filled up. <u>For Old Patient</u> – Request for Authorization transaction code form filled up.	None	5 Mins	Nurse on Duty
2.Patients waits for ATC (Authorization Transaction Code)	2.Registration of patient in ekonsulta website is being processed	None	5 Mins	Nurse on Duty
3.ATC is being received by the Patient.	3.Authorization Transaction Code is given to patient with instruction.	None	5 Mins	Nurse on Duty
Total:		None	15 minutes	
Queuing/Waiting time is not included.				
For any inquiries/comment/compliant, please contact: Maricel S. Banzuela - 09171365502				

FEEDBACK AND COMPLIANT MECHANISM	
How to send a feedback:	1. By serving feedback form or thru the following cellphone numbers: 09455161347 - Ma. Rosario R. Balonzo 09988653468 – Maricel S. Banzuela



	09171274686 – Ronald Joy Miña
How feedback are processed?	1. By asking short and simple questions. 2. Think of the experience it will give to the client. 3. Pay attention to the feedback 4. Turn feedback into action. 5. Share the feedback to all members of the office
How to file a complaint?	1. Secure a Form 3 (Compliant Form) from the Public Assistance and Compliant Desk (PACD) 2. Write your compliant in the form and include the following: A. Complete name of the person you are complaining B. Date C. Time 3. Drop the filled-up compliant form in the dropbox located at PACD or 4. Thru cellphone numbers above.
How complaints are processed?	1. Get the reason of complaints. 2. Listen to the compliant. 3. Acknowledge the problem. 4. Get the facts 5. Offer a solution 6. Talk to the concerned employee, and give a disciplinary action, if needed. Contact information of 09455161347 - Ma. Rosario R. Balonzo 09988653468 – Maricel S. Banzuela 09171274686 – Ronald Joy Miña



CITY HEALTH OFFICE

Laboratory Services



LABORATORY SERVICES (Sputum, Fecalalysis Examination for Health Card)

Office or Division:	LABORATORY SECTION			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	General Public			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Official Receipt (OR)		City Treasurer's Office (CTO)		
Philhealth ID/MDR of Masa, NHTS, LGU Paid (renewed, not expired)				
Examination Request		City Health Doctor		
Specimen				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client inquires at the Laboratory Section.	1. Receive and assess the health card and the official receipt. Give procedure on proper collection and submission of the specimen.	P90.00	15 mins.	<i>Medical Technologist Laboratory Aide</i>
2. Client submits the specimen and health card.	2. Receive and assess if the specimen is properly collected. Label and give instructions on how to claim the health card and the result	None	15 mins.	<i>Medical Technologist Laboratory Aide</i>
3. Client presents the official receipt (OR) of the health card to laboratory staff.	3. Check the official receipt (OR) and release the result to the client.	None	5 mins.	<i>Medical Technologist Laboratory Aide</i>
4. Client claims the result and health card.	4. Releasing of the result and health card	None	5 mins	<i>Medical Technologist Laboratory Aide</i>
	Total:	P90.00	40 mins	
Queuing/Waiting time is not included.				
For any inquiries/comment/complaint, please contact: Guadalyn D. Nuyda-09982199815				



LABORATORY SERVICES (Blood Chemistry Examination)				
Office or Division:	LABORATORY SECTION			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	General public			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Official Receipt (OR)		City Treasurer's Office (CTO)		
Philhealth ID/MDR of Masa, NHTS, LGU Paid (renewed, not expired)				
Examination Request		City Health Doctor		
Specimen		City Treasurer's Office (CTO)		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client inquire on how to avail laboratory services.	Checks for the availability of the re-requested examination. * If requested examination is not available client/ patient may go to their clinical laboratory of choice	None	5 mins.	<i>Med. Tech III</i> <i>Med. Tech II</i> <i>Lab. Aide</i> <i>Lab. Aide II</i> <i>Lab.tech</i>
2. Client presents request from the physician.	2. If available, staff will give instruction and order slip.	CBC-P90.00 Blood Typing-P90.00 Urinalysis-P60.00 Fecalalysis-P60.00 Sputum Exam.-P90.00 FBS-P130.00 Total Cholesterol-P130.00 HDL Cholesterol-P220.00		<i>Med. Tech III</i> <i>Med. Tech II</i> <i>Lab. Aide</i> <i>Lab. Aide II</i> <i>Lab.tech</i>



		LDL Cholesterol- P220.00 Triglycerides- P130.00 BUN- P130.00 BUA- P130.00 SGOT- P220.00 SGPT- P220.00		
3. Client proceeds to City Treasurer's Office.	3. Staff assess the documents presented, give instruction prior to collection.	None	30 mins.	<i>Med. Tech III</i> Med. Tech II <i>Lab. Aide</i> <i>Lab. Aide II</i> <i>Lab.tech</i>
4. Client presents Official Receipt (OR).	4. Laboratory staff will ready the pro-per procedure on blood collection.	None	30 mins.	<i>Med. Tech III</i> Med. Tech II <i>Lab. Aide</i> <i>Lab. Aide II</i> <i>Lab.tech</i>
5. Client is instructed to wait at the designated waiting area until his/her number is called.	5. Laboratory staff explains the pro-cess of the re-requested laboratory procedure.	None	30 mins.	<i>Med. Tech III</i> Med. Tech II <i>Lab. Aide</i> <i>Lab. Aide II</i> <i>Lab.tech</i>



6. When the number is called, client submits for blood collection and/or submits specimen.	6. 1Laboratory staff will extract blood samples.	None	30 mins.	<i>Med. Tech III</i> <i>Med. Tech II</i> <i>Lab. Aide</i> <i>Lab. Aide II</i> <i>Lab.tech</i>
	6.2 Client is given instruction on how and when to comeback for the result	None	2 days	<i>Med. Tech III</i> <i>Med. Tech II</i> <i>Lab. Aide</i> <i>Lab. Aide II</i> <i>Lab.tech</i>
Total:		None	2 Days,2 hours and 5 mins	
Queeing/Waiting time is not included varies on the flow of conversation and presented document/s				
For any inquiries/comment/complaint, please contact: Guadalyn D. Nuyda-09982199815				

<u>Specimen Submission</u>				
Office or Division:	LABORATORY SECTION			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	General Public			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Official Receipt (OR)			City Treasurer's Office (CTO)	
Philhealth ID/MDR of Masa, NHTS, LGU Paid (renewed, not expired)				
Examination Request			City Health Doctor	
Specimen				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client proceeds to information area of	1. Laboratory staff releases results and document it in the releasing logbook.	None	30 mins.	<i>Med. Tech III</i> <i>Med. Tech II</i>



laboratory, present official receipt or its equivalent.				Lab. Aide II
Total:				None 36 minutes
Queeing/Waiting time is not included varies on the flow of conversation and presented document/s.				
For any inquiries/comment/complaint, please contact: Guadalyn D. Nuyda- 09696499777				

NOTICE:

The number of minutes per service may vary depending on the level of care needed to be given to a patient/client and depending on the requirements presented.

FEEDBACK AND COMPLAINT MECHANISM	
How to send a feedback:	1. By Serving feedback form or 2. Thru cellphone number: 09771833638 – Dr. Fulbert Alec R. Gillego 09696499777 – Guadalyn D. Nuyda
How feedbacks are processed?	1. By asking short and simple questions. 2. Think of the experience it will give to the client. 3. Pay attention to the feedback. 4. Turn feedback into action. 5. Share the feedback to all members of the office.
How to file a complaint?	1. Secure a Form 3 (Complaint Form) from the Public Assistance and Complaint Desk (PACD) 2. Write your complaint in the form and include the following: A. Complete name of the person you are complaining B. Date C. Time 3. Drop the filled-up complaint form in the drop box located at PACD or
How complaints are processed?	1. Get The reason of complaints. 2. Listen to the complainant. 3. Acknowledge the problem. 4. Get the facts.



	5. Offer a solution. 6. Talk to the concerned employee, and give a disciplinary action, if needed contact information of: 09771833638 – Dr. Fulbert Alec R. Gillego 09696499777 – Guadalyn D. Nuyda
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CITY HEALTH OFFICE

Medical Division



MEDICAL SERVICES

Office or Division:	MEDICAL DIVISION			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	General Public, Patients			
CHECKLIST OF REQUIREMENTS:		WHERE TO SECURE:		
1.Any personal identification or ID for validation				
2. Copy of Member Data Record (MDR) Philhealth		PhilHealth Office Legazpi City		
3.Existing Immunization Card				
4.Existing mother and Baby Book or Home Based maternal Record (HBMR)				
5.Barangay Certification				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Consultation – Patient/Client proceeds to Out-Patient Department for Interview.	1.Staff on duty retrieves the ITR of the patient/client.	None	2 mins.	City Health Officer/ Medical Officers
2. Patient/ Client undergo physical examination	2.1 Provides medical, and physical examination/consultation to patient	None	15 mins.	
	2.2 Medical and medico legal examination conducted.	P50.00	45 mins	



Total Time: 1 hour				
Queeing/Waiting time is not included.				
For any inquiries/comment/complaint, please contact: Dr. Adelsa R. Tee-09453414544				
<u>Other Health Related Services (Signing of Death Certificate, Burial and Transfer Permit)</u>				
Office or Division :	MEDICAL DIVISION			
Classification:	Simple			
Type of Transaction:	G2C			

Who may avail:		General Public, Patients		
CHECKLIST OF REQUIREMENTS:		WHERE TO SECURE:		
Official Receipt (OR)		City Treasurer's office (CTO)		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Client proceeds to City Treasurer's Office (CTO) for payment.	1. Reviewed and verbal autopsy to the relative of the deceased and indicate cause of death.	Amount of fees to be paid for the Services, based on the Order of Payment issued by the CTO with reference to City Ordinance No. 13-2007(Revenue Code of Legazpi City)	5-10 mins.	City Health Officer/Medical Officers



		P30.00 P60.00		
	*Burial Permit			
	*Transfer Permit			

Total Time: 22 mins.

Queeing/Waiting time is not included.

For any inquiries/comment/complaint, please contact: Dr. Adelsa R. Tee-09453414544

Signing of Medical Certificate

Office or Division:	MEDICAL DIVISION			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	General Public, Patients			
CHECKLIST OF REQUIREMENTS:		WHERE TO SECURE:		
1. Official Receipt (OR)		1. Official Receipt (OR)		
2. Laboratory Results (x-ray, urinalysis, fecalysis, ultrasound, etc.)		2. Laboratory Results (x-ray, urinalysis, fecalysis, ultrasound, etc.)		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client presents the requirements.	1.1 Reviews documents for completeness of attached requirements.	None	7 mins.	City Health Officer/ Medical Officers



CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
	1.2 Evaluation and management of laboratory results (x-ray, urinalysis, fecalysis, CBC, ultrasound, etc.)	None	5 mins	City Health Officer/Medical Officers
	1.3 Signing of documents. Medical Certificate	P50.00-regular	15 mins.	City Health Officer/Medical Officers
		P50.00-for student		
	Bond	P50.00		
	Health Card	P30.00		
Total Time: 22 mins.				
Queeing/Waiting time is not included.				
For any inquiries/comment/complaint, please contact: Dr. Adelsa R. Tee-09453414544				

The number of minutes per service may vary depending on the level of care needed to be given to a patient/client and depending on the requirements presented.



FEEDBACK AND COMPLAINT MECHANISM	
How to send a feedback:	1. By Serving feedback form or 2. Thru cellphone number: 09771833638 – Dr. Fulbert Alec R. Gillego 09453414544 – Dr. Adelsa R. Tee
How feedbacks are processed?	1. By asking short and simple questions. 2. Think of the experience it will give to the client. 3. Pay attention to the feedback. 4. Turn feedback into action. 5. Share the feedback to all members of the office.
How to file a complaint?	1. Secure a Form 3 (Complaint Form) from the Public Assistance and Complaint Desk (PACD) 2. Write your complaint in the form and include the following: A. Complete name of the person you are complaining B. Date C. Time 3. Drop the filled-up complaint form in the drop box located at PACD or
How complaints are processed?	1. Get The reason of complaints. 2. Listen to the complainant. 3. Acknowledge the problem. 4. Get the facts. 5. Offerr a solution. 6. Talk to the concerned employee, and give a disciplinary action, if needed contact information of: 09771833638 – Dr. Fulbert Alec R. Gillego 09453414544 – Dr. Adelsa R. Tee



CITY HEALTH OFFICE

Nursing Division



<u>NURSING SERVICES</u>				
Office or Division:	NURSING DIVISION			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Pregnant and Lactating Women, Newborn, Under Five Children, Older children, Teenagers, Adults, Senior Citizen			
CHECKLIST OF REQUIREMENTS:			WHERE TO SECURE:	
1. Any personal identification or ID for validation of spelling.				
2. One (1) PhotoCopy of Member Data Record (MDR)				
3. Existing Immunization Card				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Patient fills up the outpatient (OPD) logbook and is given a number for consultation.	1. Interviews client. For New Patient - Individual Treatment Record (itr) is filled-up For Old Patient - Individual Treatment Record (ITR) is retrieved and updated.	None	25 minutes	<i>Nurse/Midwife on Duty</i>
2. Patient proceeds to vital signs area.	2. Takes vital signs of patient.	None	5 mins.	<i>Nurse/Midwife on Duty</i>



3. Patient waits for their number to be called.	3. Directs patient to waiting area for consultation. ELDERLY, DIFFERENTLY ABLED/PWDs, PREGNANT are given	None	3 mins.	Nurse/Midwife on Duty
4. Patients undergo triaging for prioritization	4. Assesses difficulty of breathing for control of Acute Respiratory Infection (ARI) patients	None	15 mins.	

5. Patient is referred to Pharmacy for medicine dispensing.	5. Assesses signs of dehydration for control of Diarrheal Disease (CDD) in patients	None	15 mins.	Nurse/Midwife on Duty
6. Patient submits for information education campaign (IEC).	6. Assesses mental health status of Men- tal Health Program clients.	None	15 mins.	Nurse/Midwife on Duty
7. Patient submits for diagnostic examination.	7. Emergency and/or infectious disease patients are referred immediately to the doctor.	None	5 mins.	Nurse/Midwife on Duty
8. Patient is given referral slip for further management and evaluation.	8. Receives prescription and instruction on doctors order.	None	15 mins.	Nurse/Midwife on Duty
9. If in need of immediate care, proceed to hospital.	9.1 Conducts individual counselling for health wellness.	None	20 mins.	Nurse/Midwife on Duty
10. Client proceeds to Laboratory section	10. Referral to Laboratory Section for the requested examina-	None	5 mins.	Nurse/Midwife on Duty



	tion.			
11. Client secure referral for higher level of care if needed.	11. Gives referral hos- pital or specialty cli- nics for higher level of care if needed.	None	10 mins.	Nurse/Midwife on Duty
12. Client request for transport to hospital in case of emergency case.	12. 1 Ambulance transport to hospital for emer- gency cases	None	30 mins.	HPMO – Health Program Management Officer
	12.2 Recording of Indi- vidual Treatment Record (ITR) at General Medical Medical Services logbook.	None	15 mins.	Nurse/Midwife on Duty
	Total:	None	2 hrs and 38 min.	
Queeing/Waiting time is not included.				
For any inquiries/comment/complaint, please contact: Sheila L. Estipona-09322827914				

<u>UNDER FIVE CLINIC (UFC) & IMMUNIZATION SERVICES</u>	
Office or Division:	NURSING DIVISION
Classification:	Simple
Type of Transaction:	G2C
Who may avail:	Pregnant and Lactating Women, Newborn, Under Five Children, Older Children, Teenagers, Adults, Senior Citizen
CHECKLIST OF REQUIREMENTS:	WHERE TO SECURE:
1. Any personal identification or ID for validation of spelling.	
2.Copy of Member Data Record (MDR)	
3.Existing Immunization Card	



4.Existing Mother and Baby Book, or Home Based Maternal Record (HBMR)				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Parents of newborn pro- ceeds to Immunization Room and is given a number	1. Interviews parent of Newborn <u>NEW -</u> underfive clinic record is filled-up <u>OLD -</u> underfive clinic record (UFC) is retrieved and updated.	None	15 mins.	Nurse/Midwife on Duty
2. Newborn vital signs are taken.	2. Takes vital signs of newborn and records at UFC record.	None	20 mins.	Nurse/Midwife on Duty
3. Sick child is assisted to a doctor.	3. Sick child is referred to a doctor and immunization is deferred.	None	5 mins.	Nurse/Midwife on Duty
4. Staff determines what vaccines are to be given.	4. Administers vaccina- tion and records at immunization card.	None	20 mins.	Nurse/Midwife on Duty
5. Parents are given health education	5. 1Conducts counselling and schedules if when is the next visit.	None	20 mins.	Nurse/Midwife on Duty
	5.2 Records vaccine given at logbook and Target client List (TCL).	None	15 mins.	Nurse/Midwife on Duty



	None	1 hr. & 35 minutes		
Queeing/Waiting time is not included.				
For any inquiries/comment/complaint, please contact: Sheila L. Estipona-09322827914				

<u>PRENATAL & POSTNATAL SERVICES</u>				
Office or Division	NURSING DIVISION			
Classification	Simple			
Type of Transaction	G2C			
Who may avail	Pregnant and Lactating Women			
CHECKLIST OF REQUIREMENTS:			WHERE TO SECURE:	
1.Any personal identification or ID for validation of spelling.				
2.Copy of Member Data Record (MDR)				
3.Existing Immunization Card				
4.Existing Mother and Baby Book, or Home Based Maternal Record (HBMR)				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Pregnant/Lactating women proceeds to prenatal area and is given a number.	NEW - Maternal record is filled-up. OLD - Maternal record is retrieved and updated.	None	10 mins. 15 mins.	Nurse/Midwife on Duty Nurse/Midwife on Duty
2. Pregnant/Lactating women proceeds to vital signs area.	2. Takes vital signs of pregnant /lactating women.	None	20 mins.	Nurse/Midwife on Duty



3. Pregnant /Lactating wo- women proceeds to examination room.	3. Performs prenatal examination.	None	30 mins.	Nurse/Midwife on Duty
4. Pregnant/Lactating wo- men are assisted to doctor for consultation.	4. Referral of pregnant/lactating women with medical problems to doctor	None	10 mins.	Nurse/Midwife on Duty
5. Pregnant/Lactating women submits for Tetanus Diptheria (Td) immunization.	5. Administers Tetanus Diptheria (Td) immunization and records at Mother and baby Book or HBMR..	None	10 mins.	Nurse/Midwife on Duty
6. Pregnant/Lactating women attends for health advocacy	6. Conducts counsel- ling pregnant /lactating women.	None	20 mins.	Nurse/Midwife on Duty
7. Pregnant/lactating women proceeds to Dental Division	7. Records at Target Client List (TCL) logbook.	None	10 mins.	Nurse/Midwife on Duty
8. Pregnant/Lactating women proceeds to Dental Division	8. Referral to Dental Division for basic oral Health Care (BOHC).	None	5 mins.	Nurse/Midwife on Duty
9. Pregnant/Lactating women proceeds to Nutrition Section	9. Referral to Nutrition Section for micronutrient supplementation.	None	5 mins.	Nurse/Midwife on Duty
	Total:	None	2 hours and 15 Minutes	

Queeing/Waiting time is not included.

For any inquiries/comment/complaint, please contact: Sheila L. Estipona-09322827914

UNDER FIVE CLINIC (UFC) AND IMMUNIZATION SERVICES

Office or Division:	NURSING DIVISION
Classification:	Simple
Type of Transaction:	G2C
Who may avail:	Pregnant and Lactating Women, Newborn, Under Five Children, Older Children, Teenagers, Adults, Senior Citizen
CHECKLIST OF REQUIREMENTS:	WHERE TO SECURE:



Immunization Record/Card				
Member Data Record (MDR) or Phihealth ID				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Children/Infants proceeds to the OPD accompanied by Parents/Guardian.	* Children/Infants for childcare services are scheduled 5 at a time to observe "social distancing" following the protection protocol issued by the City Health Officer.	None	1hr and 35 minutes	Nurse/Midwife assigned at barangay
	Total:	None	1hr and 35 minutes	
Queeing/Waiting time is not included.				
For any inquiries/comment/complaint, please contact: Sheila L. Estipona-09322827914				

PRENATAL/ POSTNATAL CARE SERVICES

Office or Division	NURSING DIVISION			
Classification	Simple			
Type of Transaction	G2C			
Who may avail	Pregnant and Lactating Women, Newborn			
CHECKLIST OF REQUIREMENTS:			WHERE TO SECURE:	
Existing Mother and Baby Book, or Home Based Maternal Record (HBMR)				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE



	Due to the COVID 19 pandemic, PREGNANTS as belonging to the “vulnerable group” are advised to seek routine maternal care services at their respective barangay health centers wherein frontliners assigned are waiting for them and further to avoid exposure to any infectious diseases.			Nurse/Midwife assigned at barangay
	* Pregnants/Postpartum and Lactating Women for maternal care services are are scheduled 5 at a time to observe “social distancing” following the protection protocol issued by the City Health Officer			Nurse/Midwife assigned at barangay

Total Time: 2 hours and 10 minutes

Queeing/Waiting time is not included.

For any inquiries/comment/complaint, please contact: Sheila L. Estipona-09322827914

CONTROL OF ACUTE RESPIRATORY INFECTION (ARI)

Office or Division :	NURSING DIVISION
Classification :	Simple
Type of Transaction:	G2C
Who may avail :	Pregnant and Lactating Women, Newborn, Under Five Children, Older children, Teenagers, Adults, Senior Citizen
CHECKLIST OF REQUIREMENTS:	WHERE TO SECURE:



1.Any personal identification or ID for validation of spelling.				
2.Philhealth ID, Copy of Member Data Record (MDR), NHTS, Masa				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Parent of Child/Patient submit for thermal scanning and sanitize hands.	1. Staff on duty subject the parent of child/ patient are subjected to thermal scanning and sanitize hands.	None	3 mins.	Triage <i>Nurse/Midwife</i>
2. Parent & child/Patient proceeds to triage area.	2. Staff on duty instructs the parent of child/ patient to proceed to triage area.	None	3 mins	Triage <i>Nurse/Midwife</i>
3. Parents/Patients proceed triage area for assessment of infectious disease.	3. Staff on duty assessed the parent of child/patient if infectious disease.	None	10 mins.	Triage <i>Nurse/Midwife</i>
	<u>New patient</u> gives pertinent data during initial interview and records at Individual Treatment Records at Individual Treatment Record (ITR)	None	10 mins.	Triage <i>Nurse/Midwife</i>



	<u>Old patient</u> Individual Treatment Record (ITR) is retrieved and upda-ted.	None	3 mins.	
	<u>Emergency cases</u> are referred to medical doc-tor .			
	4. Doctors on duty pro-ceeds to consultation TENT 2.	None	20 mins.	
	Patient is assessed for difficulty of breathing.		2 mins	
	Doctor assigned at ICR Quarantine Faci- lity is notified.		2 mins	
	* EQRT is called for transport of patient to ICR if needed.	None	5 mins.	
	* If patient needs medi-cation, prescription will be issued.	None	3 mins.	
	* If laboratory exami- nation is needed, labo- ratory request is given.	None	3 mins.	
	*If referral to higher level of care is needed, patient is transported	None		



	5. Patients prescription is brought by CHO staff to Pharmacy Unit for medicine dispensing	None	2 mins.	
	Total:	None	1 hr and 6 minutes	

Queeing/Waiting time is not included.

For any inquiries/comment/complaint, please contact: Sheila L. Estipona-09322827914

MENTAL HEALTH PROGRAM SERVICES

Office or Division	NURSING DIVISION			
Classification	Simple			
Type of Transaction	G2C			
Who may avail	General Public, Patients			
CHECKLIST OF REQUIREMENTS:		WHERE TO SECURE:		
Any Record from Previous Consultation				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Client/Family of Patient undergo thermal scanning and sanitize hands.	1. Staff on duty at the triage area check the client/patient to undergo thermal scanning and sanitize hands.	None	3 mins.	Triage Nurse/Midwife
2.Client/Family of patient submits for interview.	2. Staff on duty inter-views client/family of patient.	None	20 mins.	Nurse on Duty/Nurse Coordinator



	<u>New Patient</u> _____ - Individual Treatment Record (ITR) will be made. <u>*Old Patient -</u> Individual Treatment Record (ITR) will be retrieved and updated.			
3. Client/Family of patient proceeds to medical doctor for assessment	3. Staff on duty refers the client/family of patient to medical doctor for assessment.	None	15 mins	<i>Nurse on Duty/Nurse Coordinator</i>
4. Client/Family of patient receives referral for their psychiatrist of choice.	4. Staff on duty gives the client/family of patient referral to psychiatrist of choice. If referral to higher level of care is needed patient will be transported to hospital with Acute Psychiatric Unit (APU). If prescribed with medicine CHO staff will facilitate to Pharmacy unit the drug dispensing	none	5 mins	<i>Nurse on Duty/Nurse Coordinator</i>



5. Client's/Family undergo counselling	5. Staff on duty gives counseling to client/ family of patient	none	10 mins	Nurse Coordinator
	For Vagrant Psychotic Client/Patient: <u>(a) For Legazpi Residents:</u> - Family will be notified - Referred to medical doctor for assessment Unit (APU)	None		Medical Officer Nurse
	<u>(b) For Non-Legazpi Residents:</u> - City Social Worker (CSW) will be notified for data profiling and location. - Undergo Rapid Test- ing as requirement from border security before transport to residence of origin. - Referral is given.			Nurse Coordinator Social Worker Medical Technologist
	Total:		53 Minute2	
Queeing/Waiting time is not included.				
For any inquiries/comment/complaint, please contact: Sheila L. Estipona-09322827914				
Queeing/Waiting time is not included.				



GENERAL MEDICAL SERVICES

Office or Division	NURSING DIVISION			
Classification	Simple			
Type of Transaction	G2C			
Who may avail	Pregnant and Lactating Women, Newborn, Under Five Children, Older Children, Teenagers, Adults, Senior Citizen			
CHECKLIST OF REQUIREMENTS:		WHERE TO SECURE:		
1. Any personal identification or ID for validation of spelling.				
2. Copy of Member Data Record (MDR)				
3. Existing Immunization Card				
4. Existing Mother and Baby Book, or Home Based Maternal Record (HBMR)				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Patient fills up the outpa-tient (OPD) logbook and is given a number for con-sultation.	1. Interviews client. <u>For New Patient</u> - Individual Treatment Record (itr) is filled-up <u>For Old Patient</u> - Individual Treatment Record (ITR) is retrieved and updated.	None	25 mins.	Nurse/Midwife on Duty
2. Patient proceeds to vital signs area.	2. Takes vital signs of patient.	None	20 mins.	Nurse/Midwife on Duty



3. Patient waits for their number to be called.	3. Directs patient to waiting area for consultation. ELDERLY, DIFFERENTLY ABLED, PWDs, PREGNANT are given	None	3 mins.	Nurse/Midwife on Duty
Total Time: 48 minutes				
Queeing/Waiting time is not included.				
For any inquiries/comment/complaint, please contact: Sheila L. Estipona-09322827914 Queeing/Waiting time is not included.				

NOTICE:

The number of minutes per service may vary depending on the level of care needed to be given to a patient/client and depending on the requirements presented.

FEEDBACK AND COMPLAINT MECHANISM	
How to send a feedback:	1. By Serving feedback form or 2. Thru cellphone number: 09771833638 – Dr. Fulbert Alec R. Gillego 09959116607 – SHEILA L. ESTIPONA
How feedbacks are processed?	1. By asking short and simple questions. 2. Think of the experience it will give to the client. 3. Pay attention to the feedback. 4. Turn feedback into action. 5. Share the feedback to all members of the office.
How to file a complaint?	1. Secure a Form 3 (Complaint Form) from the Public Assistance and Complaint Desk (PACD) 2. Write your complaint in the form and include the following: A. Complete name of the person you are complaining B. Date C. Time



	3. Drop the filled-up complaint form in the drop box located at PACD or
How complaints are processed?	1. Get The reason of complaints. 2. Listen to the complainant. 3. Acknowledge the problem. 4. Get the facts. 5. Offerr a solution. 6. Talk to the concerned employee, and give a disciplinary action, if needed contact information of: 09771833638 – Dr. Fulbert Alec R. Gillego 09959116607 – SHEILA L. ESTIPONA



CITY HEALTH OFFICE

Nutrition Services



NUTRITION SERVICES

The Nutrition Services promotes good nutrition and prevents malnutrition, rehabilitate malnourished

thru the conduct of Operation Timbang (OPT), Sagip Kalusugan, medical and dental check-up, Laboratory exam, x-ray, PPD, supplementary feeding , ready to use therapeutic/supplemental food (RUTF/RUSF) , 120 feeding days, provision of maternal milk, vitamins and minerals, micronutrient, Vitamin A, deworming, ferrous sulfate, calcium carbonate. Conduct of healthy lifestyle, diet counselling,, Buntis/Breastfeeding Congress, intensified mothers classes and other related activities.

Office or Division:	NUTRITION SECTION			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Pre-school, School Children, Pregnant and Lactating, Adolescents, Adults, Caregi- vers and Senior Citizens			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
None				
CLIENT STEPS	AGENCY ACTIONS	FEE S TO BE PAID	PROCESSI NG TIME	PERSON RESPONSIBLE
1. The client register at the logbook and request for the services needed.	1. Interviews client for the services needed.	Non e	5 mins	NO IV NO III NO I
2. Client/child undergo weight and height taking, mid upper arm circumference (MUAC) and interview	2. Evaluates the nutritional status of the child/client through weight and height taking, mid upper arm circumference (MUAC) and interview.	Non e	10 mins	NO IV NO III NO I
3. Client give data and present status to nutrition officer	3. Data gathering/past/ Present status of client	Non e	5 mins	NO IV NO III NO I



4. Client/parents/pregnant/postpartum/caregiver undergo counseling	4. Conducts c-counseling with the client/parents/pregnant/postpartum/caregiver	None	20 mins	NO IV NO III NO I
5. Client/parents/pregnant/postpartum/caregiver Receives Services	5. 1 Provision of services	None	10 mins	NO IV NO III NO I
	5.2 Recording of clients	None	5 mins	NO IV NO III NO I
	5.3 Referral of patients to physician for treatment.	None	5 mins.	NO IV NO III NO I
	Total:	None	1 hour	
Queuing/Waiting time is not included.				
For any inquiries/comment/complaint, please contact: Mercy A. Morante - 09955726257				

NOTICE:

The number of minutes per service may vary depending on the level of care needed to be given to a patient/client and depending on the requirements presented.



FEEDBACK AND COMPLAINT MECHANISM	
How to send a feedback:	1. By Serving feedback form or 2. Thru cellphone number: 09771833638 – Dr. Fulbert Alec R. Gillego 09955726257 – Mercy A. Morante
How feedbacks are processed?	1. By asking short and simple questions. 2. Think of the experience it will give to the client. 3. Pay attention to the feedback. 4. Turn feedback into action. 5. Share the feedback to all members of the office.
How to file a complaint?	1. Secure a Form 3 (Complaint Form) from the Public Assistance and Complaint Desk (PACD) 2. Write your complaint in the form and include the following: A. Complete name of the person you are complaining B. Date C. Time 3. Drop the filled-up complaint form in the drop box located at PACD or
How complaints are processed?	1. Get The reason of complaints. 2. Listen to the complainant. 3. Acknowledge the problem. 4. Get the facts. 5. Offerr a solution. 6. Talk to the concerned employee, and give a disciplinary action, if needed contact information of: 09771833638 – Dr. Fulbert Alec R. Gillego 09955726257 – Mercy A. Morante



CITY HEALTH OFFICE

Population Section



POPULATION SERVICES

The Population Section promotes counselling and provision of contraceptive method for the intensive implementation of National Family Planning Program, Pre-Marriage Counselling (PMC) to Would-Be Couples and Issuance of Pre-Marriage Certificate.

Office or Division:	POPULATION SECTION			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Women of Reproductive Age, Teenage Mothers			
CHECKLIST OF REQUIREMENTS:		WHERE TO SECURE:		
6 weeks after pregnancy with menstruation				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
For Current Users: 1. (a) Client proceed to Population Section for re-supply of: Pills (POP & COC) Condom Injectibles -for injectibles (DMPA) with lost card after payment at the City Treasurer's Office (CTO) proceed to City Health Office for the issuance of new DMPA card.	1.1 Population staff facilitates the needs of the clients	None	5 mins	<i>PPO II</i> <i>PPO</i>
	1.2 Population staff records to Target Client List (TCL)	None	5 mins	<i>PO II</i> <i>PPO</i>



2. Client proceed to City Treasurer's Office (CTO) for payment	2. Population staff to pay at CTO	P100.00	2 mins	<i>PO II</i> <i>PPO</i>
	Total:	P100	12 mins	
2. (b) For New Acceptors of Family Planning (FP) Methods: Client to undergo FP counselling.	2.1 Popsec staff to fill-out form and to give counselling to the client.	None	12 mins.	<i>PO II</i> <i>PPO</i>
3. Client received the requested commodity.	3. Dispensing of the requested commodity.	None	2 mins	<i>PO II</i> <i>PPO</i>
4. Clients referred to other facilities for FP services not available in City Health Office.	4.. Popsec staff will prepare a referral form, signed and will be given to client.	none	3 mins	<i>PO II</i> <i>PPO</i>
	Total:	None	17 Mins	
Queeing/Waiting time is not included.				
For any inquiries/comment/complaint, please contact: : Amylene B. Santillan - 09238779953				



Issuance of Pre-Marriage Certificate				
Office or Division:		POPULATION SECTION		
Classification:		Simple		
Type of Transaction:		G2C		
Who may avail:		Women of Reproductive Age, Teenage Mothers		
CHECKLIST OF REQUIREMENTS:		WHERE TO SECURE:		
Official Receipt (OR)		City Treasurer's Office (CTO)		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Non-Filipino Citizen client attends a special PMC at Popsec CHO	1.1 Conduct of Pre-Marriage Counselling and Family Planning Seminar to would be couples.	P100.00	45 mins.	PO II PPO
	1.2 Special PMC conducted on the Popsec Office, done with privacy	P100.00		PO II PPO
	1.3 Popsec staff asked the following information from the would-be couples A. Pregnant or has child/children B. Educational attainment	None	15 mins.	PO II PPO
2. Client undergoes counseling and introduce to family planning commodities	2. .Popsec staff counsel a potential client and introduces Family Planning	None	10 mins	PO II PPO



	commodities.			
3. Student researcher proceed to the Population section for the request of pertinent documents/data on Family Planning.	3. Popsec staff responds to students, researchers and other agencies re-request on pertinent documents/data on Family Planning upon approval from the Local Chief Executive and City Health Officer.	None	5 mins.	<i>PO II</i> <i>PPO</i>
	Total:	P100.00	1 hour and 15 mins.	
Queeing/Waiting time is not included.				
For any inquiries/comment/complaint, please contact: : Amylene B. Santillan - 09238779953				

NOTICE:

The number of minutes per service may vary depending on the level of care needed to be given to a patient/client and depending on the requirements presented.

FEEDBACK AND COMPLAINT MECHANISM	
How to send a feedback:	1. By Serving feedback form or 2. Thru cellphone number: 09771833638 – Dr. Fulbert Alec R. Gillego 09273879953 – Amylene B. Santillan
How feedbacks are processed?	1. By asking short and simple questions. 2. Think of the experience it will give to the client. 3. Pay attention to the feedback.



	4. Turn feedback into action. 5. Share the feedback to all members of the office.
How to file a complaint?	1. Secure a Form 3 (Complaint Form) from the Public Assistance and Complaint Desk (PACD) 2. Write your complaint in the form and include the following: A. Complete name of the person you are complaining B. Date C. Time 3. Drop the filled-up complaint form in the drop box located at PACD or
How complaints are processed?	1. Get The reason of complaints. 2. Listen to the complainant. 3. Acknowledge the problem. 4. Get the facts. 5. Offerr a solution. 6. Talk to the concerned employee, and give a disciplinary action, if needed contact information of: 09771833638 – Dr. Fulbert Alec R. Gillego 09273879953 – Amylene B. Santillan



CITY HEALTH OFFICE

Social Hygiene Clinic



SOCIAL HYGIENE CLINIC SERVICES

The Social Hygiene Clinic offers the following examination and laboratory services : Gram Stain-ing, KOH, Wet Mount for sexually transmitted infections; PAP Smear for sexually active women; breast examinations; free screening and counselling for HIV, RPR and Hepa B to all pregnant wo-men and clients at risk or risky behavior, and give free condoms and lubricants.

<u>Check-up Sexually Transmitted Infection</u>				
Office or Divsion :		SOCIAL HYGIENE CLINIC		
Classification:		Simple		
Type of Transaction:		G2C		
Who may avail:		Registered Sex Workers, Freelance Sex workers, Men Having Sex with Man, Client Sex Workers and others: (housewife, husband, single male and female, live-in, pregnant and other professions)		
CHECKLIST OF REQUIREMENTS:			WHERE TO SECURE:	
None				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.The client register in a logbook and request what service they need.	1.Client/Patient register for admission.	None	15 mins	STI Coordinator Nurse Attendant I Laboratory Aide II
2. Client undergo Pre-Counselling	2. Pre-Counselling	None	20 mins	STI Coordinator Nurse Attendant I Laboratory Aide II
3. Client Proceeds to CTO for Payment	3. SHC Staff give the client/ patient order	P150.00	2 mins	City Treasurer's Office (CTO)



	of payment.			
4. Client undergo Collection/ Examination of Specimen	4.1 Collection/ Exa-mination of spe-cimen.	None	10 mins	<i>STI Coordinator</i> <i>Nurse Attendant I</i> <i>Laboratory Aide II</i>
	4.2 Gram Staining	None	10 mins	<i>STI Coordinator</i> <i>Nurse Attendant I</i> <i>Laboratory Aide II</i>
	4.3 Microscopic Examination	None	30 mins	<i>STI Coordinator</i> <i>Nurse Attendant I</i> <i>Laboratory Aide II</i>
5. Client get the results	5. Release of Results	None	10 mins	<i>STI Coordinator</i> <i>Nurse Attendant I</i> <i>Laboratory Aide II</i>
6. Client proceeds to the physician for treatment.	6. Refer client to physician for treatment	none	15 mins	<i>c/o CHO Physicians</i>
7. Client undergo counselling	7. Counselling	none	20 mins	<i>STI Coordinator</i>



				Nurse Attendant I Laboratory Aide II
	Total:	P150.00	2 hours and 12 mins	
Queeing/Waiting Time is not included and time varies in the flow of conversation and presented document/s.				
For any inquiries/comments/complaints, please contact: Portia O. Rogando – 09171085509				

<u>PAP Smear</u>				
Office or Division:	SOCIAL HYGIENE CLINIC			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Sexually Active Female			
CHECKLIST OF REQUIREMENTS:			WHERE TO SECURE:	
None				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client /Patient register in logbook.	1. SHC Staff assist the client/patient to register in logbook.	None	5 mins	STI Coordinator Nurse Attendant I Laboratory Aide II
2. Client proceed to CTO for payment	2. SHC Staff give charge slip for payment	P170.00	2 mins	City Treasurer's Office (CTO)
3. Client undergoes collection of specimen	3.1 Collection of specimen.	None	10 mins	STI Coordinator Nurse Attendant



	3.2 Specimen sent to Laboratory Section	None	15 mins	<i>STI Coordinator</i> <i>Nurse Attendant I</i>
4. Client get the result	4. Release of result.	None	2 mins	<i>STI Coordinator</i> <i>Nurse Attendant I</i>
	Total:	P170.00	34 mins	
Queeing/Waiting Time is not included and time varies in the flow of conversation and presented document/s.				
For any inquiries/comments/complaints, please contact: Portia O. Rogando- 09171085509				

<u>HIV, RPR and HEPA B SCREENING (HBsAg) TEST</u>				
Office or Division:				
Classification:				
Type of Transaction:				
Who may avail:				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client undergo pre-counselling	1. Pre-counselling	None	15 mins	<i>STI Coordinator</i> <i>Nurse Attendant I</i> <i>Laboratory Aide II</i>
2. Client fill-up questionnaire form A and consent form	2. Filling-up of questionnaire form A and consent form.	None	30 mins	<i>STI Coordinator</i>



				<i>Nurse Attendant I</i> <i>Laboratory Aide II</i>
3. Client submit for blood extraction	3. 1Extraction of blood	None	1 min.	<i>Laboratory Aide II</i>
	3.2 Centrifuge the blood sample.	None	30 mins	<i>Med. Tech. II</i> <i>Med. Tech III</i>
4. Client undergo counselling and receives the result.	4. Post-counseling and release of result.	None	10 minutes	<i>STI Coordinator</i> <i>Nurse Attendant</i> <i>Laboratory Aide II</i>
	* If REACTIVE: Send blood serum to Manila for confirmatory test			C/O SACCL San Lazaro, Manila
5. REACTIVE patient proceeds to HACT in BRTTH for baseline test and check up.	5. Bring REACTIVE patient to HACT in BRTTH for baseline test and check up.	None	5 hours	<i>STI Coordinator</i>
	Total:	None	6 hours and 26 minutes	
Queeing/Waiting Time is not included and time varies in the flow of conversation and presented document/s.				
For any inquiries/commnts/complaints, please contact: Portia O. Rogando- 09171085509				

NOTICE:

The number of minutes per service may vary depending on the level of care needed to be given to a patient/client and depending on the requirements presented.



FEEDBACK AND COMPLAINT MECHANISM	
How to send a feedback:	1. By Serving feedback form or 2. Thru cellphone number: 09771833638 – Dr. Fulbert Alec R. Gillego 09171085509 – Portia O. Rogando
How feedbacks are processed?	1. By asking short and simple questions. 2. Think of the experience it will give to the client. 3. Pay attention to the feedback. 4. Turn feedback into action. 5. Share the feedback to all members of the office.
How to file a complaint?	1. Secure a Form 3 (Complaint Form) from the Public Assistance and Complaint Desk (PACD) 2. Write your complaint in the form and include the following: A. Complete name of the person you are complaining B. Date C. Time 3. Drop the filled-up complaint form in the drop box located at PACD or
How complaints are processed?	1. Get The reason of complaints. 2. Listen to the complainant. 3. Acknowledge the problem. 4. Get the facts. 5. Offer a solution. 6. Talk to the concerned employee, and give a disciplinary action, if needed contact information of: 09771833638 – Dr. Fulbert Alec R. Gillego 09171085509 – Portia O. Rogando



CITY HEALTH OFFICE

PPMD TB DOTS Services



PPMD TB-DOTS

The PPMD TB-DOTS offers casefinding, sputum examination, and treatment for TB; promotes health and quality of life by preventing, controlling the spread of Tuberculosis

Casefinding

Office or Division:	PPMD TB DOTS SERVICES			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Presumptive TB (with cough of 2 weeks or more)			
CHECKLIST OF REQUIREMENTS:			WHERE TO SECURE:	
Referral Forms			CHO/Public/Private	
Chest X-Ray			CHO/Private	
DSSM/Gene-Expert			CHO/BDRL - BRTTH	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. The client proceeds to PPMD Unit for the services needed for TB management and treatment.	1. Interviews and evaluate clients for the services need.	None	20 mins	<i>Nurse III</i> <i>Nurse Attendant I</i> <i>Medical Technologist II</i>
2. The client proceeds to PPMD Unit for sputum collection.	2. Client/Patient is given a sputum cup and proceeds to induction room for proper instruction on sputum collection	None	15 mins.	<i>Nurse III</i> <i>Nurse Attendant I</i> <i>Medical Technologist I</i>
3. The client/patient proceeds to PPMD Unit for registration/consultation/admission (client/patient with sputum positive result).	3. Client/Patient is instructed to proceed to the process-ing area to submit	None	15 mins.	<i>Nurse III</i> <i>Nurse Attendant I</i>



	spu-tum speci-men.			<i>Medical Technologist I</i>
4. The client/patient proceeds to PPMD Unit for registration/ consultation (client with sputum negative result.) and for certification of treatment.	4. Profiling and history taking of client/patient were taken for baseline re-cord.	None	10 mins.	<i>Nurse III</i>
	4.1 Client/Patient is referred to doctor for medical con-sultation.	None		<i>City Health Physicians</i>
	4.2 Client/Patient is admitted and provided with NTP drugs for treatment regimen.	None	15 mins.	<i>Nurse III</i> <i>Nurse Designate</i> <i>Medical Technologist II</i> <i>Nurse Attendant</i>
	4.3 Client/Patient is given scheduled date of sputum col-lection and undergo health education	None	5 mins.	<i>Nurse III</i> <i>Nurse Designate</i> <i>Medical Technologist II</i> <i>Nurse Attendant</i>
	4.4 Client/Patient Is given scheduled date of sputum collection and undergo health education regarding	None	5 mins.	<i>Nurse III</i>



	treatment plan and nutrition.			
	4.5 Client/Patient is asked for the chest x-ray result and CHO evaluates the x-ray result of the patient	None	5 mins	City Health Physicians Nurse III Nurse Designate Nurse Attendant
5 . Client will be prescribed medicines or will be given health education.	5.1 If needed, client/patient will be prescribed with medicines or will be given health education.	None	30 mins.	Nurse III
	5.2 . Client/Patient is instructed when to return for follow-up check-up.	None	10 mins.	Nurse III
6. Client Proceed to CTO for payment	6.1 Client/Patient requested to pay to City Treasurer's Office (CTO) for medical.	P50.00	2 mins	c/o City Treasurer's Office (CTO)
	6.2 Signing of the medical certificate.		5 minutes	CHO Officer
	Total:	P50.00	2 hours & 17 minutes	
Queeing/Waiting time is not included.				
For any inquiries/comment/complaint, please contact: Ma. Cristina P. De Leon: 09177237060				

NOTICE: The number of minutes per service may vary depending on the level of care needed to be given to a patient/client and depending on the requirements presented.



FEEDBACK AND COMPLAINT MECHANISM	
How to send a feedback:	1. By Serving feedback form or 2. Thru the following cellphone numbers: 09771833638 - Dr. Fulbert Alec R. Gillego 09177237060 - Cristina P. de Leon
How feedbacks are processed?	1. By asking short and simple questions. 2. Think of the experience it will give to the client. 3. Pay attention to the feedback. 4. Turn feedback into action. 5. Share the feedback to all members of the office.
How to file a complaint?	1. Secure a Form 3 (Complaint Form) from the Public Assistance and Complaint Desk (PACD) 2. Write your complaint in the form and include the following: A. Complete name of the person you are complaining B. Date C. Time 3. Drop the filled-up complaint form in the dropbox located at PACD or 4. Thru cellphone numbers above.
How complaints are processed?	1. Get The reason of complaints. 2. Listen to the complainant. 3. Acknowledge the problem. 4. Get the facts. 5. Offerr a solution. 6. Talk to the concerned employee, and give a disciplinary action, if needed contact information of: 09771833638 - Dr. Fulbert Alec R. Gillego 09177237060 - Cristina P. de Leon



CITY HEALTH OFFICE

X-ray Unit



X-RAY SERVICES

Office or Division:	X-RAY UNIT			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	General Public			
CHECKLIST OF REQUIREMENTS:		WHERE TO SECURE:		
Official Receipt (OR)		City Treasurer's Office (CTO)		
Philhealth ID/MDR of Masa, NHTS, LGU paid (renewed, not expired)				
Examination Request		City Health Office Doctor		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Client proceeds to X-ray Unit, present examination request.	1. Receives accomplish-ed request.	None	2 mins	<i>Radiologic Technologist Clerk RadTech</i>
2.Client proceeds for pay-ment of the procedure and pays the fee OR Client presents Phil-Health Number.	2. Gives payment slip to client and ins-tracts client to pay the fee OR Receives and record the Phil-health Number.	X-Ray: P120.00 Ultrasound : P900.00	4 mins.	City Treasurer's Office (CTO)



3. Client/Patient presents proof of payment and proceeds to Radiology room on scheduled date	3. Give verbal ins-truction for prepa-ration prior to pro-cedure	None	3 mins.	<i>Radiologic Technologist Clerk Radiologic Technician</i>
4. Client Patient return on the scheduled date for re-lease of result	4.1 Registers patient's name and prepares for the x-ray or ultra-sound procedure		2 hours	<i>Contractual Sonologist</i>
	4.2 Instructs client/patient when to return for the result.	None	2 mins.	<i>Radiologic Technologist Clerk Radiologic Technician</i>
	Total:		2 hours and 11 mins	
Queeing/Waiting time is not included.				
For any inquiries/comment/complaint, please contact: Guadelyn D. Nuyda-09982199815				

NOTICE:

The number of minutes per service may vary depending on the level of care needed to be given to a patient/client and depending on the requirements presented.



FEEDBACK AND COMPLAINT MECHANISM	
How to send a feedback:	1. By Serving feedback form or 2. Thru the following cellphone number: 09771833638 – Dr. Fulbert Alec R. Gillego 09982199815 - Guadalyn G. Nuyda
How feedbacks are processed?	1. By asking short and simple questions. 2. Think of the experience it will give to the client. 3. Pay attention to the feedback. 4. Turn feedback into action. 5. Share the feedback to all members of the office.
How to file a complaint?	1. Secure a Form 3 (Complaint Form) from the Public Assistance and Complaint Desk (PACD) 2. Write your complaint in the form and include the following: A. Complete name of the person you are complaining B. Date C. Time 3. Drop the filled-up complaint form in the dropbox located at PACD or 4. Thru cellphone numbers above
How complaints are processed?	1. Get The reason of complaints. 2. Listen to the complainant. 3. Acknowledge the problem. 4. Get the facts. 5. Offer a solution. 6. Talk to the concerned employee, and give a disciplinary action, if needed contact information of: 09771833638 – Dr. Fulbert Alec R. Gillego 09982199815 - Guadalyn G. Nuyda