

REQUEST FOR ASSISTANCE (RA)

() Walk-In () Phone-In () Mail () Fax () E-Mail
() Male () Female

RA No: _____

Endorsed by: _____

Date: _____

Name: _____
(Surname) (First Name) (M.I.)

Age: _____ Passport No: _____
Telephone: _____

Nature of Work : () FW () NA () CT () DH

() Others: _____

First Time of Work in Taiwan: () Yes () No

Rehired o Returned to the Same Employer: () Yes () No

Date Arrived in Taiwan: _____

Date Started to Work : _____

Name of Employer: _____ Telephone: _____ Fax: _____

Address: _____

Taiwan Agency: _____ Telephone: _____ Fax: _____

Philippine Agency: _____ Telephone: _____ Fax: _____

Encircle the NUMBER that indicates your COMPLAINT OR REQUEST. If it is not indicated in the list, write down your complaint/request at the blank of item no. 28 :

NO. COMPLAINT

- 01 Work Not in accordance with contract
Actual/illegal work _____
- 02 Illegal transfer to other employer
- 03 High Placement Fee
How much? _____
- 04 Advance/High Collection of broker's fee
Home much per month? _____
- 05 High Income Tax
How Much? _____
- 06 No Income Tax Refund
What Month & Year? _____
- 07 Non-Payment of Salary. How much? _____
- 08 No Overtime Pay
- 09 Withheld Passport
- 10 Withheld ARC
- 11 Heavy or Overwork
- 12 No Day-Off
- 13 Poor Accommodation

NO. COMPLAINT

- 14 Poor Quality of Food
- 15 Mistreatment or Verbal Abuse
- 16 Physical Maltreatment
- 17 Rape
- 18 No Medical Assistance
- 19 Illegal Termination
- 20 Alleged Theft
- 21 Illegal Detention
- 22 Forced Repatriation
- 23 Non-Return of Savings
How Much? _____
- 24 No Separation Pay
- 25 Non-Payment of Return Ticket
- 26 Salary and Death Benefits
- 27 Transfer Assistance
- 28 Other Complaints
- _____
- _____
- _____

ASSISTANCE NEEDED:

Note: FW – Factory Worker; NA – Nursing Aid; C- Caretaker; DH – Domestic Helper

I am certifying that the above information are true and correct and made voluntarily at my own free will.

Signature of Worker