MINISTRY OF TRADE,
COMMERCE, INDUSTRY
&
CONSUMER AFFAIRS

# CONSUMER AFFAIRS DEPARTMENT
# CONSUMER COMPLAINT FORM

**Form No.** _____
Time _____

## SECTION I – INFORMATION ON THE CONSUMER

Christian Name: _____ Surname: _____

Address: _____

Occupation: _____ Phone**:** Home: _____ Work: _____

Sex: Male ☐ Female ☐ Fax: _____
Age Group:

18-30 ☐ 31-45 ☐
46-59 ☐ 60 an over ☐ E-Mail: _____ ID#_____

## SECTION 2 - INFORMATION ON BUSINESS

Name: _____

Address: _____

Sector Code: _____ Phone: _____

Contact:: _____ Business Code: _____ Fax:_____

E-Mail: _____

## SECTION 3 – INFORMATION ON GOODS OR SERVICE

Good/Service: _____ _____ Model/Serial #_____

Category: _____ Date of Purchase: _____

Warranty/Guarantee: _____ Brand: _____

Brand Code: _____ Invoice/Receipt/Bill No.: _____

## SECTION 4 – TECHNICAL INFORMATION ON PRODUCT

Manufacturing Date: _____ Standard: _____

Electrical Frequency Rating: _____ Voltage required: _____

## SECTION 5 – THE COMPLAINT

_____
_____
_____

## SECTION 6 – REDRESS SOUGHT

***What form of redress would you consider a satisfactory solution?***
Refund ☐ Exchange ☐ Repair ☐ Credit note ☐ Other ☐

If other, **please** state. _____.

## SECTION 7 – WILLINGNESS TO ATTEND PROCEEDINGS

***I certify the above information to be truthful and accurate to the best of my knowledge and belief. I am willing to testify to the same at any proceedings directly related to this complaint if required to do so.***

Signed: _____ Date: _____ Witnessed by: _____

**SECTON 8 – ADDITIONAL STATEMENT**

**SECTION 9 – PROCESSING OF COMPLAINT**

**FOR OFFICIAL USE ONLY**

Supervisor: _____

Investigating Officer(s): _____

_____

Date:_____

Exhibits: _____

_____

Result

_____

_____

_____

_____

_____

_____ _____

Signature Date