

SCHEDULE 2
CONSUMER COMPLAINT FORM

(Section 9)

The Director
Consumer Affairs Department
C/O Ministry of Commerce, Manufacturing, Business
Development, Co-operatives and Consumer Affairs
Micoud Street, Castries
Telephone Numbers 468-4224/30/26
Email: consumeraffairs.commerce@govt.lc

FORM NUMBER _____

TIME _____

SECTION 1 – INFORMATION ON THE CONSUMER

Christian Name: _____ Middle Name: _____ Surname: _____

Address: _____ Occupation: _____

Contact number: Home: _____ Work: _____ Cell: _____

Facsimile Number: _____

Sex: Male Female Age Group: 18-30 31-45 46-59 60 and over

Electronic mail address: _____

National Identification number: _____ Social security Number: _____

SECTION 2 – INFORMATION ON BUSINESS

Name of Business: _____

Address: _____

Sector Code: _____

Contact Numbers: Work _____ Cell _____

Business Code: _____ Facsimile number: _____

Electronic Mail Address: _____

SECTION 3 – INFORMATION ON GOODS OR SERVICES

Goods/Services: _____ Model or Serial Number: _____

Category: _____ Date of purchase: _____

Price or value in Eastern Caribbean Dollars: _____

Warranty/Guarantee: _____ Brand: _____

Brand Code: _____ Invoice/Receipt/bill number: _____

SECTION 4 – TECHNICAL INFORMATION ON PRODUCT

Manufacturing Date: _____ Standard: _____

Electrical Frequency Rating: _____ Voltage required: _____

SECTION 5 – THE COMPLAINT

State whether the complaint has been lodged in a country Court or any intention to lodge in a Court of law. Yes NO

If yes, please state details: _____
