

CONSUMER AFFAIRS DEPARTMENT
CONSUMER COMPLAINT FORM

Form No. _____
Time _____

SECTION 1 – 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: _____

