SCHEDULE 2 CONSUMER COMPLAINT FORM

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

RM NUMBER_	
TIME_	

SE	CTION 1 - INFORMATI	ON ON THE	CONSUME	<u>ER</u>	
Christian Name:	Middle Name:		Surna	me:	
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 nun	mber: Social security Number:			er:	
	SECTION 2 - INFORM	ATION ON E	BUSINESS		
Name of Business:					
Address:					
Sector Code:					
Contact Numbers: Work		Cell			
Business Code:		Facsimile nu	ımber:		
Electronic Mail Address:					
SECT	ION 3 - INFORMATION	ON GOODS	S OR SERV	<u>ICES</u>	
Goods/Services:	Model or Serial Number:				
Category:	Date of purchase:				
Price or value in Eastern	Caribbean Dollars:				
Warranty/Guarantee:		Bı	rand:		
Brand Code:	Invoice/	'Receipt/bil	l number:_		
SECTI	ON 4 - TECHNICAL IN	FORMATIC	ON ON PRO	DUCT	
Manufacturing Date:		Standa	.rd:		
Electrical Frequency Ratio					
	SECTION 5 - TH				
State whether the compla Court of law. Yes NC				vintention to lodge in	
If yes, please state detail	s:				

SECTION 6 - REDRESS SOUGHT

What form of redress would you consider a satisfactory solution?					
refund exch	nange 🗖 repair	□ credit no	ote 🗖 other 🗖		
If other, please st	ate:				
OROMION 5	, www.i.wowboo.			CORDINGS	
SECTION 7	<u>' - WILLINGNESS T</u>	O ATTEND ANI	D TESTIFY AT PRO	<u>DCEEDINGS</u>	
	information to be to to testify to the san.				
_	Date_		_ Witnessed by		
		N 8 - THE COM			
				·	
	SECTION 9 -	- ADDITIONAL S	STATEMENT		
SECTION	10 - PROCESSING	OF COMPLAIN	T FOR OFFICIAL	IISE ONI V	
				USE ONLI	
	· · ·				
	(s):				
Exilibits					
Results:					
Signature:		Date	:		