

**FAIR TRADING COMMISSION
COMPLAINT FORM**

Details of Complainant

Details of Business/Service Provider

Name: Mr. Mrs. Ms.

Name of Business/Service Provider:

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Address:

Address:

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Telephone (H)

Telephone (W)

Telephone Number:

Date of Purchase or Transaction:

Year Month Date

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Product or Service involved:

Have you tried to resolve the complaint/issue with the business or service provider?

Yes No

If yes, to whom did you speak?

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If No, we recommend that you speak to management; if there is no satisfactory redress, we recommend that you write to the business or service provider, giving it a minimum of 14 days to respond.

Date (s) you contacted the business/service provider to discuss your concerns:

Year Month Date Year Month Date

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By what method did you contact the business/service provider?

Phone Letter Other

Have you filed a law suit?

Yes No

Are you represented by a Lawyer?

Yes No

In a brief statement please describe the concern or complaint that you have, beginning with the date of the first contact, to the present.

Lined area for providing a brief statement of concern or complaint.

What do you believe to be a fair resolution to this matter?

AUTHORISATION

I do I do not authorize you to send a copy of my complaint to the business I am complaining about or to any other Government Agency necessary for the purpose of mediation, investigation or enforcement.

I acknowledge that I am aware that all information I provide with my complaint, except credit card numbers is a matter of public record and is not considered confidential.

Name of Complainant:
(Please Print) Signature:
Date:

FOR INTERNAL USE ONLY

Complaint Number:
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Name of Officer Taking Complaint (*Please Print*)

Signature

Date Complaint Taken

Date entered in Commission Database

Type of Complaint

Consumer Protection

Utility Regulation

Name of Officer assigned to Complaint

Signature

Date reviewed by Director

SUMMARY OF ADVICE

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Signature of Officer
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