

Complaint Number :
.....

FAIR TRADING COMMISSION
COMPLAINT FORM

Details of Complainant

Details of business / service provider

Name: ☐ Mr. ☐ Mrs. ☐ Ms.

Name of business / service provider:

.....
.....

.....
.....

Address:

Address:

.....
.....

.....
.....

Telephone (H)

Telephone (W)

Telephone Number:

Date of purchase or transaction:

Year Month Date

.....

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?

.....

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 them 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

.....

.....

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 ☐

Yes ☐ No ☐

[illegible]

AUTHORISATION

I do ☐ I do not ☐ authorise you to send a copy of my complaint to the business I am complaining about or to any other Government agency necessary for purposes 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.

Signature:.....

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

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[illegible]

Name of Help Bureau Officer: (Please Print)	Signature:
Date complaint taken:	
Date entered in Commission database:	
Name of Consumer Protection Officer assigned to complaint:	Signature:
Date reviewed by Director of Consumer Protection or designate:	Signature:

[illegible]

Signature of Officer:

[illegible]