

**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

.....

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

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

Signature of Officer
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