

**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:

.....  
.....  
.....

.....  
.....  
.....

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 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

.....      .....      .....                          .....      .....      .....

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:**

.....

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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