

# SCHEDULE

## FORM A

### CONSUMER COMPLAINT FORM

(reg. 2)

#### OFFICIAL USE ONLY

<b>Name of investigation Officer:</b>	
<b>Date received:</b>	
<b>Date allocated:</b>	
<b>Office Reference:</b>	

#### C.966SCHEDULE FORM A CONSUMER COMPLAINT FORM (reg. 2) OFFICIAL USE ONLY

INSTRUCTIONS Please—

- (a) Print or type;
- (b) Provide all particulars;
- (c) Be brief and concise in Section D and E;
- (d) Note that the reverse side must also be completed; and
- (e) Include copies of all relevant documents.

#### A. PERSONAL PARTICULARS

- 1. Name:.....
- 2. Residential Address.....
- 3. Postal Address:.....
- 4. ID/Passport No:.....
- 5. Cell phone No: ..... Email .....
- 6. Home Tel:.....Work Tel:.....

#### B. PARTICULARS OF PARTY AGAINST WHOM/WHICH COMPLAINT IS BEING LODGED1.

- Name of the Registered Company and Business trading name:.....
- 2. Physical address:.....
  - 3. Postal Address:.....
  - 4. Business Tel No:.....

#### C. PARTICULARS OF A COMMODITY

- 1. Date of purchase of commodity or service:.....
- 2. Name of commodity/service:.....
- 3. Quantity of commodity or service:.....

- 4. Price of commodity or service:.....
- 5. Account No./Invoice No./Contract No.:.....

**C.967**

- If complaint is in regard of a Motor Vehicle;6. Model:.....
- Reg. No. ....
- 7. Km Reading.....
- 8. Year of Manufacture:.....

**D. PARTICULARS OF COMPLAINT (This section MUST be completed)**

**NB:** Please single out the **main points** of the complaint providing **names and dates** where possible. Indicate what steps you have taken to resolve the complaint with the **management**. Describe the reasons for your dissatisfaction. Extra paper may be used for more information.....

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**STATE WHAT YOU THINK WOULD BE A REASONABLE SOLUTION TO THE PROBLEM.....**

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**DATE:.....SIGNATURE:.....**

Send the form to:  
Competition and Consumer Authority  
Private Bag 00101Gaborone  
Tel: 3934278