

SCHEDULE

FORM A

CONSUMER COMPLAINT FORM (reg. 2)

OFFICIAL USE ONLY

Name of investigation Officer:	
Date received:	
Date allocated:	
Office Reference:	

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 LODGED

1. Name of the Registered Company and Business trading name:

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- 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.:

