



Consumer Complaint Form

Are you filling this complaint on behalf of someone else? Yes No

*If yes, please provide the relevant information relating to the person on behalf of whom you are filing this complaint + an authorization letter to do so and an acceptance letter on your part confirming your willingness be the representative (or power of attorney).

*

Full Name:

NIN Number:.....

Address:

Contact Information:Email Address.....

Complainant 1

Full Name:.....

NIN Number: Age:

Home Address:.....

Work Address:

Contact Number: Home..... Work:..... Mobile:

Email Address:.....

Any other relevant Details:.....

Complainant 2

Full Name:

NIN Number:..... Age:

Home Address:

Work Address:

Contact Number: Home..... Work:..... Mobile :

Email Address:.....

Any other relevant Details:.....

1. Supporting documents required:

- Receipts/Proof of payment Bill of Quantities (BOQ)
- Building plans (Architectural + Engineering) Contract/Agreement
- Stop Notice Cadastral Plan
- Photos Invoice/Quotation
- ID Card Permission to build
- Bank Transfer User Manual
- Bank Card

Any other relevant documents/evidence not featured above

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2. Action taken by the complainant prior to lodging the complaint

Respondent Informed: Yes/No

i) Date you contacted supplier to discuss your concern: _____

What has been the response:

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ii) Do you intend to involve an attorney or a proxy, during the investigation of the complaint: Yes/No

*If yes, please fill the attached annex

iii) Has the matter been previously before FTC (If yes please provide details)

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iv) Has the matter been taken before a court or any other authority or agency? (If yes please provide details)

Authority/Agency Contacted.....

3. Supplier (Name of Business or Service provider)

Full Name:

Business Activity.....

Business Address:

Contact Number:

Email address.....

How did you first encounter this business/person?.....

Description of Complaint

Type of complaint Services Goods

Goods or Service acquired:

Date the Service or goods was acquired:

Total Amount paid for the service/Goods:

Method of payment.....

Currency:

Was a receipt/sales records provided: Yes/ No

***(Service)**

Total cost of the Service:

Nature of Agreement/Contract: written verbally

Date for completion:

Delay in the performance of the service Yes/No?

If yes, how long.....

Defects /Poor workmanship? Yes/No?Defects with the goods used to render the service: Yes/No

Has there been any physical damage or loss of property during the rendering of the service?
Yes/No

- Please note that an assessment from a technical expert generally requires that the site or works in question remain unaltered from time that the respondent was last on site further note that should you choose to continue or alter the works in question prior to the technical experts or Authority on site, it may be detrimental to the investigation or even prevent further investigation from taking place.

***(Goods)**

Product not in conformity with order: Yes/ No

Defective product: Yes/ No

Delay in delivering product: Yes/ No

Complaint: (Please provide the facts of your complaint below)

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4. Remedy Requested

(#Goods) Refund Repair Replace
(*Services) Refund Remedy the defects Perform services

Statement of Declaration

Section 139 (3) Fair Trading Act 2022 states:

“A person who gives to the Commission or an officer of the Commission any information which he or she knows to be false or misleading commits an offence and is liable on conviction to a fine of level 4 (not exceeding SCR 125,000) on the standard scale or to imprisonment for a term not exceeding 2 years or to both such fine and imprisonment.”.

I, the undersigned warrant that the information given in this complaint is true, accurate and complete to the best of my knowledge, that the attached copies of documents are unabridged, that all estimates are identified as such and submitted to the best of my knowledge of the facts of the case, and where an opinion is stated, such opinion is stated in good faith”.

Complainant’s Name:.....

Complainant’s Signature/Mark:.....

Date:

Complainant’s Name:.....

Complainant’s Signature/Mark:.....

Date:

Witness to Marking: Name:_____ **signature:**_____

For official use

Exhibit

Category:.....

Product:.....

Model:.....

Serial NO:.....

Warranty: Yes/No Period.....

CCN Number:

Receiving Officer’s Name:.....

Officer’s Signature:.....

Date: