



Consumer Complaint Form

Please fill out the relevant information where applicable using block letters.

Information on the Consumer

First Name Middle Initial Last Name

Mailing Address:

City and or Town:

Country:

Occupation :

Age:

Gender: M F

Telephone Contact Numbers:

Home Cell Work

Email Address:

Information on the Supplier

Business Name

Business Address:

City and or Town:

Country:

Phone Number:

Branch:

Product or Service Information

Product or Service Involved:

Brand:

Model:

Serial Number:

Country of Origin:

Date of Purchase

Length of Warranty

Detailed Description of Complaint

What would you consider a satisfactory solution to your complaint?

Refund Exchange Repair Credit Note Other

If other, please specify:

How did you become aware of the Consumer Affairs Division (CAD)?

Friend Employee of CAD Radio Television Newspaper
Other

Where is the complaint item at present?

Store Home Other

If other, please specify: