



**Competition and Consumer Affairs Commission (CCAC)**  
**Consumer Complaint Form**  
**Pursuant to Section 9 of the Consumer Affairs Act 2011.**



**Consumer Information**

Date of Complaint \_\_\_\_\_  
 First name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Region: \_\_\_\_\_ ID# \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M [ ] F [ ]  
 Home Telephone: \_\_\_\_\_ Mobile Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

**Supplier Information**

Business Name: \_\_\_\_\_  
 Name of Senior Official: \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 Business Telephone: \_\_\_\_\_ Mobile Telephone: \_\_\_\_\_  
 Have you filed a complaint with the supplier? Yes [ ] No [ ]  
 If yes please indicate the date first complaint was made with supplier. \_\_\_\_\_

**Product or Service Information**

Date of Purchase/Service: \_\_\_\_\_  
 Product or Service : \_\_\_\_\_  
 Brand or Type: \_\_\_\_\_  
 Value of Item/Service: \_\_\_\_\_  
 Indicate your type of purchase agreement: Cash [ ] Layaway [ ] Hire purchase [ ]  
 Place of storage for the duration of the complaint: Consumer [ ] Supplier [ ] Other [ ] NA [ ]  
 Model Number: \_\_\_\_\_ Serial Number: \_\_\_\_\_  
 Manufacturer's Name: \_\_\_\_\_  
 Manufacturer's Address: \_\_\_\_\_  
 Voltage required for use of the product: \_\_\_\_\_ Volts NA [ ]  
 Electrical frequency rating of the product: \_\_\_\_\_ Hz NA [ ]

**Business Compliance to CAA**

Were you provided with a written warranty?: Yes [ ] No [ ]  
 If yes, what is the duration of warranty?: \_\_\_\_\_  
 Are you in possession of the proof of purchase?: Yes [ ] No [ ]  
 If no, please state why \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Were you provided with the following information before payments:

- Hazards [ ]
- Proper Use [ ]
- Care [ ]
- Conditions for redress [ ]
- 7 days return policy for products [ ]

**Please turn over to complete your complaint.**



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**Complaint**

**Please provide a summary of your complaint below:**

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**Complainant's Proposed Resolution:**

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**Declaration:**

I am willing to testify in any proceeding related to this complaint if required: Yes [ ] No [ ]  
 I hereby certify the above information provided is true and correct to the best of my knowledge and belief.

The complainant will be given a specified time period to uplift items left in the possession of the CCAC upon the completion of its investigation. The CCAC will not be held liable for loss or damage to the item because of the complainants failure to uplift such after the specified date in the notice.

**Complainant Signature:** \_\_\_\_\_

**For Official Use Only**

Infringement identified under which complaint was accepted:

Part: \_\_\_\_\_

Section: \_\_\_\_\_

First Report for Supplier: Yes [ ] No [ ]

Category of Product/Service: \_\_\_\_\_

Date complaint processed: \_\_\_\_\_

Processed by: \_\_\_\_\_

Case Officer assigned: \_\_\_\_\_ Date: \_\_\_\_\_