



**destea**

department of  
economic, small business development,  
tourism and environmental affairs  
FREE STATE PROVINCE

## **CONSUMER COMPLAINT FORM**

REFERENCE NO: \_\_\_\_\_

### **COMPLAINANT PARTICULARS**

SURNAME: \_\_\_\_\_

FULL NAMES: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT NUMBERS: \_\_\_\_\_

### **NATURE OF COMPLAINT**

\_\_\_\_\_

### **DEFENDANT'S PARTICULARS**

SURNAME: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_

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### **FOR OFFICE USE ONLY**

DATE FILE REGISTERED: \_\_\_\_\_

TRADE & INDUSTRY ADVISOR: \_\_\_\_\_

DATE FILE CLOSED: \_\_\_\_\_

COURT DATE: \_\_\_\_\_

CONSUMER PROTECTION  
113 St Andrew Street  
Ground Floor





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Area with horizontal lines for text entry.

DATED AT \_\_\_\_\_ THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_\_

Complainant's signature



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**COMPLAINANT'S PLEA/RELIEF**

.....  
.....  
.....  
.....  
.....

**PARTICULARS OF PROPERTY**

**Nature:** .....  
(Vehicle/Furnisher/Cellphone/Insurance/Timeshares etc)

**Acc.No/Registration No/Membership No/Invoice No etc**

.....

**Documents Attached/Annexures:**

- 1.
- 2.
- 3.
- 4.
- 5.

**Transaction Date:** \_\_\_\_\_

.....  
**Trade & Industry Advisor** \_\_\_\_\_

**Date** \_\_\_\_\_