



CONSUMER COMPLAINT FORM

REFERENCE NO :.....

COMPLAINANT PARTICULARS

SURNAME :

FULL NAMES :

ADDRESS :

CONTACT NUMBERS :

NATURE OF COMPLAINT

.....

DEFENDANT'S PARTICULARS

SURNAME :

BUSINESS NAME :

ADDRESS :

CONTACT NUMBERS :

FOR OFFICE USE ONLY

DATE FILE REGISTERED :

TRADE & INDUSTRY ADVISOR :

DATE FILE CLOSED :

COURT DATE :

(Section 11(2)(c) Act 14 of 1998)

CONSUMER PROTECTION
98 Agriculture Building
Zastron Str
Private Bag X 20801 Bloemfontein 9300
Tel +27 (0)51 400 4852
Fax +27 (0)51 400-9609/10



COMPLAINANT'S PLEA/RELIEF

Wherefore, the complainant prays for judgement in his favour and against the defendant for:

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PARTICULARS OF PROPERTY

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

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

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Documents Attached/Annexures :

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

Transaction Date :.....

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Trade & Industry Advisor

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Date



INVESTIGATION DIARY

Date & Event :

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Date & Event :

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Date & Event :

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