



CONSUMER COUNCIL OF FIJI

CONSUMER COMPLAINT FORM

REF No.

DATE: ...|...|.....

COMPLAINANT'S DETAILS (Please tick where appropriate)

FULL NAME			
ADDRESS	Residential	Postal	
Contact Details	Telephone	Mobile	Other (e.g., next of kin, relative, etc)
Other Contacts	Email		Fax
OCCUPATION			
AGE	<input type="checkbox"/> Under 18 <input type="checkbox"/> 18 - 25 <input type="checkbox"/> 26 - 35 <input type="checkbox"/> 36 - 45 <input type="checkbox"/> 46 - 55 <input type="checkbox"/> 56+		
GENDER	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender		
PLACE COMPLAINT LODGED	<input type="checkbox"/> SUVA <input type="checkbox"/> LAUTOKA <input type="checkbox"/> LABASA		

RESPONDENT'S DETAILS – OTHER PARTY / PERSON / ORGANISATION AGAINST WHOM COMPLAINT IS LODGED (Please provide as much information as possible)

FULL NAME or NAME OF TRADER		
ADDRESS	Residential	Postal
CONTACT DETAILS	Telephone/mobile	Email

DATE GOODS/SERVICE OBTAINED		MONETARY VALUE (\$\$\$)	
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<p>COMPLAINT DETAILS:</p> <p>Please attach all documentary evidence – Receipts, contracts, reports etc and other information.</p> <p>Provide a written explanation if you want to.</p>	
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ADDITIONAL CONSUMER INFORMATION (please circle)

Comments (if any)

Have you lodged your complaint with any other organisation?	Yes/No	Name:
Have you hired a lawyer?	Yes/No	
Have you complained to the Respondent?	Yes/No	
Do you understand the Council complaints handling procedures and options explained to you by the complaints officer?	Yes/No	
Do you understand that the Council does not promise nor guarantee a positive or successful mediation or outcome?	Yes/No	
Do you understand that there are other agencies with enforcement powers who may/can assist you if need be.	Yes/No	

DECLARATION

I hereby declare that the information that I have provided is true and accurate best to my knowledge and the Council has the right to pursue any investigation on my behalf from the date of this complaint. I also understand the Council's complaints handling procedures and mediation process and I give full consent to the officers of the Council to act on my behalf. I have voluntarily and willingly provided all the details and evidence regarding this complaint without due pressure, force or coercion from any one.

.....
Complainant's Signature	Complainant's Representative's Signature

OFFICIAL USE ONLY

MODE OF COMPLAINT

Face-to-face
 Email
 Fax
 Letter
 On-line

COMPLAINTS ISSUE(S)

Airline Services	Footwear	Motor vehicles (new)
Appliances & Kitchen accessories	Fuel / Gas	Municipal Services
Banks & Other Financial institutions	Furniture	Non-food groceries
Beautician & Hairdressers	Hardware	Other products (specify)
Beauty products	Hire Purchase	Other services (specify)
Books & Stationaries	Hotel Services	Pharmaceutical products
Clothing	Insurance	Plumbing
Construction Services	Inter Island Shipping	Postal Services
Consultancy services	Internet Services	Public transport
Courier services	Jewellery & dress accessories (watch, etc)	Real Estate
Driving Schools	Landlord / Tenant	Restaurant/bars
Education	Lay-buy	Second hand Products
Electrical services	Legal Services	Spare parts
Electricity - FEA	Marriage Services	Telecom Fiji Ltd
Electronic & Computer Services	Mechanical services	Television Services
Electronic Goods (computers, etc)	Medical / Dental / Optical services	Travel Agencies
Entertainment Services (shows)	Mobile products	Water - WAF
Exercise & body-shaping products	Mobile Services (Vodafone, etc)	
Food & Beverages	Money lending	

ACTION TAKEN (AFTER REGISTRATION)	
DATE	ACTION
OUTCOME (WITH SHORT EXPLANATION)	
PENDING CASE (EXPLANATION)	
OFFICER'S SIGNATURE	
DETAILS OF DOCUMENTS ATTACHED (Letters, email, etc)	

FINAL RESULT

Pending Complaint		Date Pending	
Case closed		Date Closed	
Weak Case		Referred to	
Manager Mediation's comments, if any			
Signing off by Manager			

ANY OTHER COMMENTS
