



CONSUMER COUNCIL OF FIJI

# CONSUMER COMPLAINT FORM

REF No. ....

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

## COMPLAINANT'S DETAILS (Please tick where appropriate)

<b>FULL NAME</b>			
<b>ADDRESS</b>	Residential	Postal	
<b>Contact Details</b>	Telephone	Mobile	Other (e.g., next of kin, relative, etc)
<b>Other Contacts</b>	Email		Fax
<b>OCCUPATION</b>			
<b>AGE</b>	<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+		
<b>GENDER</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender		
<b>PLACE COMPLAINT LODGED</b>	<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)

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

<b>DATE GOODS/SERVICE OBTAINED</b>		<b>MONETARY VALUE (\$\$\$)</b>	
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<p><b>COMPLAINT DETAILS:</b></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.

.....	.....
<b>Complainant's Signature</b>	<b>Complainant's Representative's Signature</b>

**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	

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

**FINAL RESULT**

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

**ANY OTHER COMMENTS**

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