



CONSUMER COMPLAINT FORM

BEFORE COMPLETING THIS FORM YOU MUST HAVE FIRST MADE A FORMAL COMPLAINT TO YOUR SERVICE PROVIDER AND NOT HAVE HAD YOUR COMPLAINT RESOLVED

PART 1: PARTICULARS OF THE PERSON FILLING OUT THIS COMPLAINT FORM

Title: _____ First Name: _____ Last Name: _____
Street 1: _____ Street 2: _____ City/Town: _____
Contact No: _____ Fax: _____ Email: _____

PART 2: PARTICULARS OF REGISTERED CUSTOMER *(PERSON AFFECTED BY THE PROBLEM)*

Title: _____ First Name: _____ Last Name: _____
Address
Street 1: _____ Street 2: _____ City/Town: _____
Account # or phone number affected: _____

PART 3: PARTICULARS OF COMPLAINT

Service Provider: _____ Complaint reference number: _____
Date Complaint was lodged with service provider: _____
Type of Service: _____
Nature of Complaint: _____

Complaint Details: *(Please attach details of your complaint on a separate document if it exceeds 8 lines)*

Signature: _____ Date: _____

(please attach copies of relevant documents if available)