SCHEDULE

FORM A

CONSUMER COMPLAINT FORM (reg. 2)

OFFICIAL USE ONLY

Name of investigation Officer:	
Date received:	
Date allocated:	
Office Reference:	

C.966SCHEDULE FORM A CONSUMER COMPLAINT FORM (reg. 2) OFFICIAL USE ONLY	
INSTRUCTIONS Please—	
(a) Print or type;	
(b) Provide all particulars;	
(c) Be brief and concise in Section D and E;	
(d) Note that the reverse side must also be completed; and	
(e) Include copies of all relevant documents.	
A. PERSONAL PARTICULARS	
1. Name:	
2. Residential Address	
3. Postal Address:	
4. ID/Passport No:	
5. Cell phone No: Email	
6. Home Tel: Work Tel:	
B. PARTICULARS OF PARTY AGAINST WHOM/WHICH COMPLAINT IS BEING LODGED 1.	
Name of the Registered Company and Business trading name:	
2. Physical address:	
3. Postal Address:	
4. Business Tel No:	
C. PARTICULARS OF A COMMODITY	
1. Date of purchase of commodity or service:	
 Date of purchase of commodity or service: Name of commodity/service: 	

5. Account No./Invoice No./Contract No.:

C.967
If complaint is in regard of a Motor Vehicle;6. Model:
Reg. No
7. Km Reading
8. Year of Manufacture:
D. PARTICULARS OF COMPLAINT (This section MUST be completed) NB: Please single out the main points of the complaint providing names and dates where possible. Indicate what steps you have taken to resolve the complaint with the management. Describe the reasons for your dissatisfaction. Extra paper may be used for more information.
STATE WHAT YOU THINK WOULD BE A REASONABLE SOLUTION TO THE PROBLEM
DATE:SIGNATURE:

Send the form to: Competition and Consumer Authority Private Bag 00101Gaborone Tel: 3934278