



National (ST LUCIA) Consumers' Association

CONSUMER COMPLAINT FORM

Time _____

SECTION I – INFORMATION ON THE CONSUMER

Christian Name: _____ Surname: _____

Address:

Occupation: _____ Phone: Home: _____ Work: _____

Sex: Male Female Age group: 13-17 18-25 26-35 36-50 Over 50

E-Mail: _____ ID# _____

SECTION 2 - INFORMATION ON BUSINESS

Name:

Address:

Sector _____ Contact Person: _____

Phone: _____ Fax: _____

E-Mail: _____

SECTION 3 – INFORMATION ON GOODS OR SERVICE

Good/Service: _____ Model/Serial # _____

Category: _____ Date of Purchase: _____

Warranty/Guarantee: _____ Brand: _____

Brand Code: _____ Invoice/Receipt/Bill No.: _____

SECTION 4 – TECHNICAL INFORMATION ON PRODUCT

Manufacturing Date: _____ Standard: _____

Electrical Frequency Rating: _____ Voltage required: _____

SECTION 5 – THE COMPLAINT

SECTION 6 – REDRESS SOUGHT

What form of redress would you consider a satisfactory solution?

Refund Exchange Repair Credit note Other

If other, **please** state.

SECTION 7 – WILLINGNESS TO ATTEND PROCEEDINGS

I certify the above information to be truthful and accurate to the best of my knowledge and belief. I am willing to testify to the same at any proceedings directly related to this complaint if required to do so.

Signed: _____ Date: _____

Witnessed by: _____ Date: _____

SECTION 9 – PROCESSING OF COMPLAINT FOR OFFICIAL USE ONLY

Officer: _____

Investigating Officer(s): _____

Ministry Liaison _____

Date: _____

Exhibits:

Result:

Officer Signature _____

Date _____