



**the dti**

Department:  
Trade and Industry  
REPUBLIC OF SOUTH AFRICA

**Before you lodge this complaint you must first approach the service provider to attempt resolution of your complaint**

## Office of Consumer Protection

### COMPLAINT FORM

#### Particulars of Complainant

Full Names of Complainant		
Postal Address		
Contact Details		
Tel :	<input type="text"/>	<input type="text"/>
Fax :	<input type="text"/>	<input type="text"/>
Cel :	<input type="text"/>	<input type="text"/>
E mail :	<input type="text"/>	<input type="text"/>
Province		
Age *		
Language		
Gender *		
Race *		
Income: * 0 - 1000 1000 - 5000 5000 - 10 000 10 000 - 50 000	<input type="checkbox"/>	<input type="checkbox"/>

\* The information is necessary for statistical and reporting purposes.

#### Particulars of Respondent

Name	
Type of Business Enterprise	
Industry	
Contact Person	

Contact Details	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
Tel No:									
Fax No:									
Cel No:									
Postal Address									
Province									

**Summary of Complaint ( Attach supporting documents)**


Do you have any documents to support your complaint?  
 Yes  No

How do you want your complaint to be resolved?


Signature :..... Date:.....

**For Office Use**

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**Particulars of Complaint**

Nature of complaint	
Amount involved	
Date of Transaction	

<b>Date Received</b>	<b>Official</b>	<b>Signature</b>