



Division of Finance and Enterprise Development

Victor E. Bruce Financial Complex
# 6-10 Post Office Street, Scarborough 900212, Tobago
Tel. # 639-4412, Fax. 639-4412 Ext. 6700

CONSUMER AFFAIRS UNIT

COMPLAINT FORM

File No. ....

(In accordance with the Consumer Protection and Safety Act No. 30 of 1985 as amended) Republic of Trinidad and Tobago)

INFORMATION ON CONSUMER
FIRST NAME: PHONE (H) : GENDER : M F
LAST NAME: PHONE (W): AGE CATEGORY:
ADDRESS : PHONE (M): OCCUPATION:
EMAIL :

INFORMATION ON SUPPLIER
NAME : PHONE : TYPE OF BUSINESS:
CONTACT: :
ADDRESS : FAX :
EMAIL :

PRODUCT/SERVICE INFORMATION
PRODUCT : MODEL/SERIAL# : PURCHASE DATE
BRAND : COUNTRY OF ORIGIN
WARRANTY :

TECHNICAL INFORMATION
DOES PRODUCT HAVE STANDARD MARK? ELECTRICAL FREQUENCY RATING DATE OF MANUFACTURE
YES NO Hz
IF YES, PLEASE INDICATE
UL CSA TTBS ISO
OTHER:

COMPLAINT SUMMARY :
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

ACTION TAKEN BY CONSUMER FOR REDRESS

Was the supplier contacted? YES NO Account/Receipt /Bill No. From Transaction

If yes, what was the response?

What would you consider to be a satisfactory solution to your complaint?

Repair | Refund | Exchange | Credit Note | Other |

If Other, please specify

Who referred you to the Consumer Affairs Unit?

I hereby certify the above information to be true and correct to the best of my knowledge and belief. I am willing to testify in any proceeding related to this complaint if required.

Signed: Date: