**IMPORTANT NOTES:**

* **THIS FORM MUST BE COMPLETED IN FULL. INCOMPLETE FORMS MAY LEAD TO A DELAY IN THE ATTENDANCE TO THE COMPLAINT;**
* **THE COMPLETED FORM MUST BE SUBMITTED WITHIN 10 DAYS OF THE COMPLAINT REFERENCE NUMBER BEEN PROVIDED BY THE CALL CENTRE OR THE STAFF AT HEAD OFFICE;**
* **A FAILURE TO SUBMIT THIS FORM WITHIN 10 DAYS WILL RESULT IN THE COMPLAINT BEEN CLOSED. A NEW COMPLAINT WILL THEN NEED TO BE SUBMITTED.**
* **THE RESOLUTION OF YOUR COMPLAINT WILL DEPEND ON A NUMBER OF FACTORS. WE WILL MAKE A CONCERTED EFFORT TO FINALISE ALL COMPLAINTS AS SOON AS POSSIBLE BUT THIS WILL DEPEND ON THE FACTS OF EACH CASE.**
* **THE OFFICE OF THE CONSUMER PROTECTOR RESERVES THE RIGHT NOT TO INVESTIGATE A COMPLAINT IF TE MATTER IS UNDER INQUIRY BY ANOTHER DISPUTE RESOLUTION AGENCY.**
* **IF YOU ARE DISSATISFIED WITH THE OUTCOME OF YOUR COMPLAINT YOU MUST SUBMIT A WRITTEN QUERY AND IDENTIFY THE REASONS FOR YOUR DISATISFACTION. THIS WILL THEN BE EVALUATED BY THE RESPONSIBLE SUPERVISOR AND A RESPONSE PROVIDED.**

**DETAILS OF COMPLAINANT**

SURNAME ………………………………………………………………………………

FULL NAMES ……………………………………………………………………………

RESIDENTIAL ADDRESS ……

POSTAL ADDRESS ……………………………………………………………………………….

HOME TEL NO: None……………………………………………………………………………

BUSINESS NO: None………………………………………………………………………………….

CELL NO: …………………………………………………………………………………

FAX NO: ………………………………………………………………………………..

EMAIL ADDRESS: …………………………………………………………………………………

GENDER: (**PLEASE TICK ONE**) Male x **Female**

RACE: (**PLEASE TICK ONE**) African **Coloured**  Indian White

AGE GROUP:(**PLEASE TICK ONE**) 18-24 25-34 35-44 **45-54** 55-64

 65 and older

DISABILITY: (**PLEASE TICK ONE)** YES  **NO**

**DETAILS OF PERSON/BUSINESS YOU WANT TO COMPLAIN ABOUT**

NAME OF PERSON /BUSINESS …………………………………………………………………………

BUSINESS ADDRESS ………………………………………………………………………………

POSTAL ADDRESS …………………………………………………………………………….

BUSINESS TEL NO: …………………………………………………………………………………

BUSINESS FAX NO: ………………………………………………………………………………….

EMAIL ADDRESS: …………………………………………………………………………………

PERSON(S) DEALT WITH ….……………………………………………………………………………..

**A DETAIL SEQUENCE OF EVENTS RELATING TO YOUR COMPLAINT (i.e. the date of the transaction; details on what was purchased and/or what service agreement was entered into; where the transaction was entered into; details of the alleged poor service and/or defective goods and/or problems experienced with the goods; timeframes related to the aforesaid etc.)**

**Please be advised that the above information would be sent word for word ( verbatim) to the business. As such it is important to provide all the relevant facts related to the complaint. Kindly also be mindful to avoid any unsubstantiated statements or statements that could be regarded as inflammatory/defamatory.**

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**NB: USE ADDITIONAL PAPER IF THE SPACE ABOVE IS NOT ENOUGH.**

**HOW DO YOU WANT YOUR COMPLAINT TO BE RESOLVED e.g. refund, replacement, repair, etc.**

REFUND / REPLACEMENT

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**DETAILS OF THE STEPS THAT YOU HAVE TAKEN TO RESOLVE THE COMPLAINT: For example: who did you speak to, what was their response, was the complaint escalated to management?**

|  |
| --- |
| **…………………………………………………………………………………………………………………………………………………...****I HAVE SPOKEN TO WALEED NUMEROUS TIMES. HE IGNORES MY TEXTING. OR SENDS BACK SNIPPY REMARKS ……………………………………………………………………………………………………………………………………………………** |

I, UNDERSTAND THAT THE OCP MAY ONLY INVESTIGATE MY COMPLAINT IF IT FALLS WITHIN THE JURISDICTION OF THE WESTERN CAPE CONSUMER AFFAIRS (UNFAIR BUSINESS PRACTICES) ACT, ACT 10 OF 2002 AND THE CONSUMER PROTECTION ACT, ACT 68 OF 2008 AND IT:

1) IS AGAINST THE SERVICE PROVIDER/ DEALER/ MANUFACTURER OF THE SERVICE / PRODUCT IN QUESTION.

2) INVOLVES THE SERVICE, ADVICE OR PRODUCTS PROVIDED BY THE SERVICE PROVIDER/ DEALER / MANUFACTURER

3) AROSE WITHIN THE LAST 3 (THREE) YEARS

4) IS NOT SUBJECT TO LEGAL PROCEEDINGS

I CONFIRM THAT I HAVE GIVEN THE BUSINESS THE OPPORTUNITY TO RESOLVE THE COMPLAINT BEFORE SUBMITTING THIS FORM TO THE OCP BUT SAME REMAINS UNRESOLVED.

I CONFIRM THAT THE INFORMATION PROVIDED BY ME IS TO THE BEST OF MY KNOWLEDGE TRUE AND CORRECT

………………………………………. …………………………………….

SIGNATURE DATE

CHECKLIST

PLEASE SEND THE FOLLOWING DOCUMENTS WITH THE SIGNED COMPLAINTS FORM (PLEASE TICK TO INDICATE THE DOCUMENTATION ATTACHED)

|  |  |
| --- | --- |
| Copy of Contract |  |
| Invoice  |  |
| Receipt/s |  |
| Vouchers  |  |
| Photos  |  |
| Correspondence  |  |
| Other (Please specify) |  |

ONCE COMPLETED PLEASE RETURN ON THE FOLLOWING:

|  |  |
| --- | --- |
| Email  | Consumer.Protector@westerncape.gov.zaOr service@westerncape.gov.za |
| Physical Address | Ground Floor, 80 St Georges Mall, Cape Town, 8001 |
| Postal Address | P O Box 979Cape Town 8000 |