



FIJI COMMERCE COMMISSION

"To Promote Competition in Fiji Markets"

CONSUMER COMPLAINT FORM

[Complaints Resolution under Commerce Commission Decree 2010 (Decree NO. 49 of 2010)]

PART A: COMPLAINANTS DETAILS

Full Name:

Residential Address:

Postal Address:

Contact Number: Work / Home / Mobile:

Email Address:

PART B: RESPONDENTS DETAILS

Full Name of the Business / Company / Landlord:

Address / location of the Business / Company / Landlord:

Contact Number of the Business / Company / Landlord:

PART C: COMPLAINT DETAILS

Please attach all documentary evidence - Receipts, contracts, reports etc and other information. Provide a detailed written statement.

Remedy you are seeking from the Commission

PART D: CONSUMER DECLARATION (Please circle and initial)

Declaration	YES/NO	Remarks (if any)
Have you lodged the complaint with the respondent (state the outcome)		
Have you lodged your complaint with any other institution/agency/lawyer (Name-if yes)		
Have you been advised by the Commission Officer that the Commission does not engage in parallel investigation?		
Do you understand that the Commission does not guarantee a positive outcome of your complaint?		
Do you understand the Commission's Complaint Handling Procedures?		
Do you understand that its an offence to provide false and misleading information to the Commission under Section 119(4) of CCD2010 and you can be prosecuted for providing false and misleading information?		
Do you understand that the information provided by you will be revealed to the respondent or any other party of competent jurisdiction and may also be used in court should the matter be prosecuted and also provide your approval for the same.		

I declare that the information and statement given / supplied by me to the Fiji Commerce Commission is to the best of my knowledge and correct in every detail and has been provided under no pressure, force or coercion from anyone.

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

OR OFFICIAL USE ONLY

Complaint Received By	Date Received	Case #	Final Outcome	Completion Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Action Required/Taken	S/F/H		Section Heads Comments	Date and Signature
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>