



GAUTENG PROVINCE

ECONOMIC DEVELOPMENT
REPUBLIC OF SOUTH AFRICA

COMPLAINT FORM

COMPLAINANT'S PARTICULARS

Title: _____

Full Names: _____

Surname: _____

ID NUMBER: _____

GENDER:

Male | Female

Age

16 -24 | 25 -34 | 35 - 44 | 45 - 54 | 55 - 65 | 65+

Occupation: _____

Physical Address:

City: _____

Postal code: _____

Postal Address :

City: _____

Postal code: _____

Telephone no (w): _____

Telephone no (h): _____

Cell no : _____

Fax no: _____

Email Address: _____

How did you learn bout Consumer Affairs?

Radio | Television | CAOW | Newspaper | Friend/Relative | other(specify)

RESPONDENT'S PARTICULARS

Business Name : _____

Physical Address:

City: _____

Postal code : _____

Telephone no (w): _____

Fax no: _____

Cell no : _____

Email Address: _____

Trading Name: _____

Physical Address:

City: _____

Postal code : _____

City: _____

Postal code : _____

PLEASE STATE HOW YOU WOULD LIKE THIS MATTER TO BE RESOLVED

PLEASE NOTE:

- . The office **DOES NOT ACCEPT** original documents
- . Should you send originals ,the office will **NOT BE LIABLE** for the loss of the documents
- . The office will do it's utmost best to attend to your complaint promptly. Should we miss to communicate in any manner within 90 Days of lodging the complaint ,please feel free to contact the office.

Date: _____

Signature _____

**Department of Economic Development
CONSUMER AFFAIRS**

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Fax No: (011) 355-8019