



GOVERNMENT OF SAINT CHRISTOPHER AND NEVIS

CONSUMER AFFAIRS DEPARTMENT

CONSUMER COMPLAINT FORM

PLEASE PRINT CLEARLY OR TYPE

IMPORTANT:

PLEASE PROVIDE A COPY OF ALL CONTRACTS, LETTERS, RECEIPTS, CANCELLED CHECKS, ADVERTISEMENTS, OR ANY OTHER PAPERS THAT WILL SUPPORT YOUR CLAIM

Today's Date _____

Your Name _____ Mailing Address _____

Home Phone _____ Phone Where You Can Be Reached During the Day _____

Store (or individual) Complaint Is Against _____

Store (or individual's) Address _____ Phone _____

Product or Service Purchased _____ When (Date) _____ Cost _____

Did You Sign Any Papers? _____ When Did You Complain to Store or Person (Date)? _____

To Whom Did You Complain? _____ State Their Response _____

How Did You Know About This Office? _____

DESCRIBE WHAT HAPPENED, BRIEFLY, IN ORDER IN WHICH IT TOOK PLACE. YOU MAY USE THE REVERSE SIDE OF THIS SHEET, IF NECESSARY.

PLEASE NOTE:

AS PART OF THE COMPLAINT-HANDLING PROCESS, THIS AGENCY (CAD), MAY SEND A COPY OF THIS COMPLAINT TO THE STORE OR INDIVIDUAL COMPLAINED AGAINST.

What Adjustment Do You Seek? _____

Your Signature _____

FOR OFFICE USE ONLY

Investigator's Signature _____

Solution _____

Restitution _____

Agency Referred To _____

Date Closed _____

CONSUMER AFFAIRS DEPARTMENT (CAD)

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