



**PARTY COMPLAINING**

NAME	<i>Last Name</i> <i>First Name</i> <i>Middle Name</i>			Age	
COMPLETE ADDRESS				Sex	
CONTACT NUMBER			EMAIL ADDRESS		
SOCIAL CLASSIFICATION	<input type="checkbox"/> Senior Citizen <input type="checkbox"/> Abled	<input type="checkbox"/> Youth (15-30 y/o) <input type="checkbox"/> Differently Aabled	<input type="checkbox"/> Out of School Youth <input type="checkbox"/> Indigenous Person		

**THE PARTY COMPLAINED OF**

BUSINESS NAME					
ADDRESS					
OWNER / MANAGER					
CONTACT NUMBER			EMAIL ADDRESS		

**NATURE OF COMPLAINT**

<p><i>Violation of the Consumer Act of the Philippines</i></p> <input type="checkbox"/> No Return No Exchange Policy <input type="checkbox"/> Breach of Product or Service Warranty <input type="checkbox"/> Deceptive Sales Acts or Practices <input type="checkbox"/> Unfair or Unconscionable Sales Acts <input type="checkbox"/> Liability for Product/Service Imperfection <input type="checkbox"/> Violation of Sales Promotion Mechanics <input type="checkbox"/> Labelling and Fair Packaging Violation <input type="checkbox"/> Violation of the Price Tag Requirement <input type="checkbox"/> Fraudulent Practices in Weights/Measures	<p><i>Violation of Fair Trade Laws, Rules and Regulations</i></p> <input type="checkbox"/> Profiteering/Price Manipulation (Price Act) <input type="checkbox"/> Imposition of Credit/Debit Card Surcharge/s <input type="checkbox"/> Gift Check/Card/Certificate with Expiry Date <input type="checkbox"/> Accreditation of Service/Repair Shops <input type="checkbox"/> Products under the Mandatory Certification Scheme without ICC or PS marking/s <input type="checkbox"/> Violation of Business Name Law/Rules <input type="checkbox"/> Others (pls. specify the violation) _____ _____
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**COMPLAINT DETAILS**

Product/Services	<input type="checkbox"/> Apparel <input type="checkbox"/> Electronic / IT Gadgets <input type="checkbox"/> Household Appliances <input type="checkbox"/> Electrical Supplies <input type="checkbox"/> Motor Vehicle/Parts <input type="checkbox"/> Others _____
Type/Brand/Model	
Date of Purchase	
Product Condition	<input type="checkbox"/> Brand New <input type="checkbox"/> Second Hand <input type="checkbox"/> Surplus <input type="checkbox"/> Others _____
What is the defect?	
Type of Payment	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Installment <input type="checkbox"/> Others _____
Proof of Transaction	<input type="checkbox"/> Official Receipt <input type="checkbox"/> Warranty Card <input type="checkbox"/> Deposit Slip <input type="checkbox"/> Contract/s <input type="checkbox"/> Delivery Receipt <input type="checkbox"/> Sales Invoice <input type="checkbox"/> Others _____

**NARRATION OF FACTS**

*(Please write legibly. Use additional sheets if necessary.)*

How would you like your complaint to be settled?

Replacement     Repair     Refund the amount of \_\_\_\_\_     Others \_\_\_\_\_

Did you contact the owner/manager/supervisor of the store's Consumer Welfare Desk or Customer Service Unit regarding the details of the incident along with your reasons for complaining?

Yes     No    If Yes, when? \_\_\_\_\_ Please provide details: \_\_\_\_\_

Have you commenced a complaint/action involving the same issues in court, tribunal or any other government agency, unit, office or bureau?

Yes     No    If Yes, where? \_\_\_\_\_ Please provide details: \_\_\_\_\_

I hereby certify that the abovementioned statements are true and correct to the best of my personal knowledge and/or based on authentic documents/records in my possession.

\_\_\_\_\_  
Signature over Printed Name / Date

**For CTID Authorized Personnel**

Mode of Receipt     Walk In     Email     Social Media     Phone Call     Others \_\_\_\_\_

Status of Complaint     Resolved     Withdrawn     Referred to \_\_\_\_\_

Remarks