

INITIAL COMPLAINT FORM

FORM	Code	FM-CC-01
	Rev.	0
	Date	01-Oct-22

PARTY COMPLAINING	NAME *	_____	_____	_____	Age:
		<i>(Last Name)</i>	<i>(First Name)</i>	<i>(Middle Name)</i>	
	ADDRESS *	_____	_____	_____	Sex:
		<i>(Block/Lot/House No.)</i>	<i>(Subd./Barangay)</i>	<i>(City/Municipality)</i>	
	Contact Number *				
Email Address					
Social Classification	<input type="checkbox"/> Senior Citizen <input type="checkbox"/> Abled		<input type="checkbox"/> Youth (15-30) <input type="checkbox"/> Differently Abled		<input type="checkbox"/> Out of School Youth <input type="checkbox"/> Indigenous Person

THE PARTY COMPLAINED OF	NAME *			
	ADDRESS	_____	_____	_____
		<i>(Unit/Stall/Building)</i>	<i>(Street, Barangay)</i>	<i>(City/Municipality)</i>
	Owner/Manager			
	Contact Number			
	Email Address			
Website / Social Media Link				

NATURE OF COMPLAINT	<i>What is the nature of your complaint? Please select the checkbox*</i>	
	<i>Violation of the Consumer Act of the Philippines:</i> <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	<i>Violation of Fair Trade Laws, Rules and Regulations</i> <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) _____

COMPLAINT DETAILS	Product/Services*	<input type="checkbox"/> Apparel <input type="checkbox"/> Electronic/IT Gadgets <input type="checkbox"/> Household Appliance <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 (Check all that apply)	<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 _____		

*required information

