

INITIAL COMPLAINT FORM

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

වි	NAME *				Age:	
Ž	INAME	(Last Name)	(First Name)	(Middle Name)		
PARTY COMPLAINING	ADDRESS *				Sex:	
₩		(Block/Lot/House No.)	(Subd./Barangay)	(City/Municipality)		
Contact Number *						
 RT	Email Address					
P,	Social Classification Social Classification Abled		☐ Youth (15-30)☐ Differently Abled			
Щ	NAME *					
THE PARTY COMPLAINED OF	ADDRESS	(Unit/Stall/Building)	(Street, Barangay	(City/Munic	ipality)	
HE P	Owner/Manager					
₽₩	Contact Number					
ن	Email Address					
	Website / Social Media Link					
	What is the nature of ye	our complaint? Please select	the checkbox*			
NATURE OF COMPLAINT	Violation of the Consumer Act of the Philippin □ No Return No Exchange Policy □ Breach of Product or Service Warranty □ Deceptive Sales Acts or Practices □ Unfair or Unconscionable Sales Acts □ Liability for Product/Service Imperfecti □ Violation of Sales Promotion Mechanic □ Labelling and Fair Packaging Violation □ Violation of the Price Tag Requirement		Violation of Fair Trade Laws, Rules and Regulations □ Profiteering/Price Manipulation (Price Act) □ Imposition of Credit/Debit Card Surcharge/s □ Gift Check/Card/Certificate with Expiry Date □ Accreditation of Service/Repair Shops □ Products under the Mandatory Certification Scheme without ICC or PS marking/s □ Violation of Business Name Law/Rules □ Others (pls. specify the violation)			
	Product/Services*		Electronic/IT Gadgets Motor Vehicle/Parts	Household A	ppliance	
AILS	Type/Brand/Model					
COMPLAINT DETAILS	Date of Purchase*					
	Product Condition*	☐ Brand New ☐ Second-Hand ☐ Surplus ☐ Others				
/IPL/	What is the defect?					
CO	Type of Payment (Check all that apply)	☐ Cash ☐ Check		Installment Other		
	Proof of Transaction*	•	•	Deposit Slip	ontract/s	

NARRATION OF FACTS*					
Please write legibly. Use additional sheets if necessary.					
	-				
"I'm and a settled? (Place of					
How would you like your complaint to be settled? (Please so ☐ Replacement ☐ Repair	elect the checkbox) Refund the amount of				
☐ Replacement ☐ Repair ☐ Others	Refund the amount of				
Did you contact the owner/manager/supervisor of the store					
Service Unit regarding the details of the incident along with					
☐ Yes ☐ No If Yes, when?P	•				
Have you commenced a complaint/action involving the same	ne issues in court, tribunal or any other				
government agency, unit, office or bureau?					
☐ Yes ☐ No If Yes, where?					
Please provide details:					
*Please attach copies of necessary supporting documents.					
I hereby certify that the foregoing statements are true and correct to the best of my personal knowledge and/or based onauthentic documents/records in my possession.					
2. The complaint shall be deemed withdrawn without prejudice to the refiling of the same if the undersigned or his/her dulyauthorized representative fails to appear without good cause on the scheduled date and time of mediation despite due notice.					
3. DTI may cause the endorsement of this complaint to other government agencies or decline to take cognizance thereof for lackof jurisdiction over any of the parties or of the nature/subject matter of the complaint or when the complaint is filed beyond the prescriptive period and such other grounds allowed by law.					
4. This Office will collect your personal information such as name information will be shared with the establishment/s being compla appropriate action and possible resolution of your concern. The security of all data collected, consistent with the Data Privacy Ac Data collected will be used for purposes of our Consumer Comp performance of our mandate. For any concerns on the use of your Protection Officer of the DTI through dpo@dti.gov.ph.	ained of and other government agencies for their DTI is committed to ensuring the privacy and ct of 2012, until the resolution of your concern. Dlaints Handling Mechanism and in the				
IN WITNESS WHEREOF, I hereby affix my	at				
signature this	(Date) (Place)				
	1=/				
	(OInimantia Cianatura avar Printed Name)				
	(Complainant's Signature over Printed Name)				
For DTI Authorized Personnel:					
Mode of Receipt:					
Status of Complaint: Resolved Withdrawn Issued	d CFA Referred to				
Date/s of Mediation: Remarks:					
Remarks:					