

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



**INITIAL
COMPLAIN
T FORM**

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"/> Youth (15-30) <input type="checkbox"/> Out of School Youth <input type="checkbox"/> Abled <input type="checkbox"/> Differently Abled <input type="checkbox"/> Indigenous Person				

H E P A R T Y C O M P L A I N E D O F	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	<i>What is the nature of your complaint? Please select the checkbox*</i>	
	Violation of the Consumer Act of the Philippines: <input type="checkbox"/> No Return No Exchange Policy	Violation of Fair Trade Laws, Rules and Regulations <input type="checkbox"/> Profiteering/Price Manipulation (Price Act)

COMPLAINT	<input type="checkbox"/> Breach of Product or Service Warranty	<input type="checkbox"/> Imposition of Credit/Debit Card Surcharge/s
	<input type="checkbox"/> Deceptive Sales Acts or Practices	<input type="checkbox"/> Gift Check/Card/Certificate with Expiry Date
	<input type="checkbox"/> Unfair or Unconscionable Sales Acts	<input type="checkbox"/> Accreditation of Service/Repair Shops
	<input type="checkbox"/> Liability for Product/Service Imperfection	<input type="checkbox"/> Products under the Mandatory Certification Scheme without ICC or PS marking/s
	<input type="checkbox"/> Violation of Sales Promotion Mechanics	<input type="checkbox"/> Violation of Business Name Law/Rules
	<input type="checkbox"/> Labelling and Fair Packaging Violation	<input type="checkbox"/> Others (pls. specify the violation) _____
	<input type="checkbox"/> Violation of the Price Tag Requirement	
	<input type="checkbox"/> Fraudulent Practices in Weights/Measures	

COMPLAINANT'S	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
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

Name)