

## INITIAL COMPLAINT FORM

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

<b>PARTY COMPLAINING</b>	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

<b>THE PARTY COMPLAINED OF</b>	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				

<b>NATURE OF COMPLAINT</b>	<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) _____

<b>COMPLAINT DETAILS</b>	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

<b>NARRATION OF FACTS*</b>	
<i>Please write legibly. Use additional sheets if necessary.</i>	
How would you like your complaint to be settled? (Please select the checkbox)	
<input type="checkbox"/> Replacement	<input type="checkbox"/> Repair
<input type="checkbox"/> Refund the amount of _____	
<input type="checkbox"/> 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?	
<input type="checkbox"/> Yes <input type="checkbox"/> 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?	
<input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, where? _____ When? _____	
Please provide details: _____	

\*Please attach copies of necessary supporting documents.

- 1. I hereby certify that the foregoing statements are true and correct to the best of my personal knowledge and/or based on authentic 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 duly authorized 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 lack of 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, address, contact number, email, etc. The information will be shared with the establishment/s being complained of and other government agencies for their appropriate action and possible resolution of your concern. The DTI is committed to ensuring the privacy and security of all data collected, consistent with the Data Privacy Act of 2012, until the resolution of your concern. Data collected will be used for purposes of our Consumer Complaints Handling Mechanism and in the performance of our mandate. For any concerns on the use of your data, you may contact the Lead Data Protection Officer of the DTI through dpo@dti.gov.ph.

IN WITNESS WHEREOF, I hereby affix my signature this \_\_\_\_\_ at \_\_\_\_\_  
*(Date)* *(Place)*  
\_\_\_\_\_  
*(Complainant's Signature over Printed Name)*

<b>For DTI Authorized Personnel:</b>	
Mode of Receipt:	<input type="checkbox"/> Walk-in <input type="checkbox"/> Postal Mail <input type="checkbox"/> E-mail <input type="checkbox"/> Phone-in <input type="checkbox"/> Social Media <input type="checkbox"/> Others: _____
Status of Complaint:	<input type="checkbox"/> Resolved <input type="checkbox"/> Withdrawn <input type="checkbox"/> Issued CFA <input type="checkbox"/> Referred to _____
Date/s of Mediation:	_____
Remarks:	_____

\_\_\_\_\_  
*(Authorized Personnel's Signature over Printed Name)*