

## **INITIAL COMPLAINT FORM**

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

| 9                          | NAME *  |  |   |   | Age:     |  |  |
|----------------------------|---|--|---|---|----------|--|--|
| Z                          | TV/ WILL  | (Last Name)  | (First Name)  | (Middle Name)   |          |  |  |
| PARTY COMPLAINING          | ADDRESS *   |  |   |   | Sex:     |  |  |
| ₩                          | , 18811200  | (Block/Lot/House No.)  | (Subd./Barangay)  | (City/Municipality)   |          |  |  |
| \<br>                      | Contact Number *  |  |   |   |          |  |  |
| ART                        | Email Address   | I Coming O'lines   | 1 1 Vauth (45 20)   | L Out of Coloral V  | / Al-    |  |  |
| Δ'                         | Social Classification   | <ul><li>☐ Senior Citizen</li><li>☐ Abled</li></ul>   | ☐ Youth (15-30)☐ Differently Abled  | ☐ Out of School Y ☐ Indigenous Per  |          |  |  |
| F.                         | NAME *  |  |   |   |          |  |  |
| THE PARTY<br>COMPLAINED OF | ADDRESS   | (Unit/Stall/Building)  | (Street, Barangay   | (City/Munici  | pality)  |  |  |
| F F P                      | Owner/Manager   |  |   |   |          |  |  |
| Ė₩                         | Contact Number  |  |   |   |          |  |  |
|                            | Email Address   |  |   |   |          |  |  |
|                            | Website / Social Media Link   |  |   |   |          |  |  |
| NATURE OF COMPLAINT        | Violation of the Consumum No Return No Excount No Return No Excount No Excou | or Service Warranty Acts or Practices ionable Sales Acts ct/Service Imperfection Promotion Mechanics | Violation of Fair Trad  □ Profiteering/Pric □ Imposition of Cr □ Gift Check/Card □ Accreditation of □ Products under Scheme without □ Violation of Busi | <ul> <li>checkbox*</li> <li>Violation of Fair Trade Laws, Rules and Regulations</li> <li>□ Profiteering/Price Manipulation (Price Act)</li> <li>□ Imposition of Credit/Debit Card Surcharge/s</li> <li>□ Gift Check/Card/Certificate with Expiry Date</li> <li>□ Accreditation of Service/Repair Shops</li> <li>□ Products under the Mandatory Certification Scheme without ICC or PS marking/s</li> <li>□ Violation of Business Name Law/Rules</li> <li>□ Others (pls. specify the violation)</li> </ul> |          |  |  |
|                            | Product/Services*   | • •  | Electronic/IT Gadgets Motor Vehicle/Parts   | Household Ap  | opliance |  |  |
| AILS                       | Type/Brand/Model  |  |   |   |          |  |  |
| DET,                       | Date of Purchase*   | Purchase*  |   |   |          |  |  |
| L                          | Product Condition* ☐ Brand New ☐ Second-Hand ☐ Surplus ☐ Others   |  |   |   |          |  |  |
| COMPLAINT DETAILS          | What is the defect?   |  |   |   |          |  |  |
| CON                        | Type of Payment (Check all that apply)  | ☐ Cash ☐ Check   |   | Installment   Others  |          |  |  |
|                            | Proof of<br>Transaction*  | -  | •   | Deposit Slip  | ntract/s |  |  |

| NARRATION OF FACTS*  |  |  |  |  |  |
|--|--|--|--|--|--|
| Please write legibly. Use additional sheets if necessary.  |  |  |  |  |  |
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|  |  |  |  |  |  |
| How would you like your complaint to be settled? (Please se  | *  |  |  |  |  |
| ☐ 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?PI   | your reasons for complaining?  |  |  |  |  |
| Have you commenced a complaint/action involving the sam  |  |  |  |  |  |
| government agency, unit, office or bureau?   |  |  |  |  |  |
| ☐ Yes ☐ No If Yes, where?Please provide details:   | wnen?  |  |  |  |  |
| *Please attach copies of necessary supporting documents.   |  |  |  |  |  |
| I. 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 complain appropriate action and possible resolution of your concern. The security of all data collected, consistent with the Data Privacy Activate Collected will be used for purposes of our Consumer Computer performance of our mandate. For any concerns on the use of your Protection Officer of the DTI through dpo@dti.gov.ph. | ined of and other government agencies for their<br>DTI is committed to ensuring the privacy and<br>at of 2012, until the resolution of your concern.<br>Iaints Handling Mechanism and in the |  |  |  |  |
| IN WITNESS WHEREOF, I hereby affix my signature this   | at (Date) (Place)  |  |  |  |  |
|  |  |  |  |  |  |
|  | (Complainant's Signature over Printed Name)  |  |  |  |  |
| For DTI Authorized Personnel:  |  |  |  |  |  |
| Mode of Receipt: ☐ Walk-in ☐ Pos al Mail ☐ E-mail ☐ Ph   | one-in 🔲 Social Media 🔲 Others:  |  |  |  |  |
| Status of Complaint: Resolved Withdrawn Issued   | CFA Referred to  |  |  |  |  |
| Date/s of Mediation:   |  |  |  |  |  |