**Complaint Form**

**CO-01**

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| **For the purpose of Consumer Ombudsman Office Only** |
| Form Number: |  |
| Submission Date: |  |

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| 1. Information of the Complainant
 |
| Full Name: |  |
| Permanent Address: |  |
| Current Address (Address to send documents from Consumer Ombudsman’s Office): |  |
| ID Card Number: |  |
| Contact Number: |  |
| Email Address: |  |
| 1. Information of the Respondent
 |
| Full Name (Business or Individual): |  |
| ID/ Registration Number (If the Information is available): |  |
| Address: |  |
| Contact Number (If the Information is available): |  |
| Email Address (If the Information is available): |  |
| 1. About Your Complaint
 |
| 1. Have you tried to contact the individual/ trader regarding your complaint? What is the steps taken by you to resolve the Issue?

☐No ☐Yes (If “No” why didn’t you contact the individual/ trader to discuss the problem?If “Yes” what did they offer you as a solution?) |
| 1. Tell us about the detail of your complaint (in your own words).
 |
| 1. Documents or evidence to support your claim. List your documents and submit a copy with this form (Example: Receipts, vouchers, Bills, Agreement).
 |
| 1. Which provision of the Act the respondent is in breach of? (Example: Selling a defective product, the service provided is not satisfactory) (Optional).
 |
| 1. General Information of the Complaint (Details of the goods or services) (To be filled if applicable).
 |
| 4.1 Type of goods or Service: |  |
| * 1. Date of purchase or service rendered:
 |  |
| 4.3 Price of the good purchased or service rendered: |  |
| 4.4 Date of dispute/ incident: |  |
| 4.5 Did you receive the goods or service? Yes ☐ No ☐ Date of delivery or Expected date of delivery: …………………………………………………………………………… |
| 4.6 How the payment is made:Bank Transfer ☐ Credit Card ☐ Cash ☐ Cheque ☐ Amount of price which has been paid: |
| 4.7 If an agreement is made, the details of such an agreement: |
| 1. What outcome are you hoping to achieve?
 |
| 1. Details of witnesses to be presented to support your claim
 |
| Full Name: |  | ID Card Number: |  |
| Contact Number: |  | Email Address: |  |
| Address: |  | Floor/ Apartment No: |  |
| Street Name: |  | Atoll and Island: |  |
| 1. Declaration

I Declare that the information I have provided is true and correct. |
| Name of the Complainant: |  |
| Signature of the Complainant: |  |
| If the complainant is a legal entity, (responsible person’s): |
| Full Name: |  |
| Position held: |  |
| Stamp: |  |

**Documents required**

* ID card copy/ Business registration copy of the complainant
* Copy of the documents mentioned in 3(d)
* If a reference is given to any document, copy of such document.

**Instruction for Filling the form**

1. It is recommended to fill this form by computer.
2. The form must be filled in English, in Times New Roman font and the font size must be 12.
3. The form will be rejected if the form is incomplete.
4. If any document submitted with this form is in a language other than Dhivehi, the complainant shall provide a translation if requested.