



**GOVERNMENT OF SAINT CHRISTOPHER AND NEVIS  
CONSUMER AFFAIRS DEPARTMENT**

CONSUMER COMPLAINT FORM

PLEASE PRINT CLEARLY OR TYPE

**Important:** Please provide a copy of all contracts, letters, receipts, cancelled checks, advertisements, or any other papers that will support your claim.

Ref: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: (W) \_\_\_\_\_ (C) \_\_\_\_\_ (H) \_\_\_\_\_

Email: \_\_\_\_\_

Store (or Individual) Complaint is against: \_\_\_\_\_

Store (or Individual's) address: \_\_\_\_\_ Phone: \_\_\_\_\_

Product or Service Purchased: \_\_\_\_\_ Date: \_\_\_\_\_ Cost: \_\_\_\_\_

Did you Sign any Papers? \_\_\_\_\_ When did you complain to the Store or Person: \_\_\_\_\_

To whom did you complain? \_\_\_\_\_

State their response: \_\_\_\_\_

How did you know about this office? \_\_\_\_\_

Describe what happened briefly, in order in which took place; you may use the reversed side of this sheet, if necessary.

**Please note:**

As part of the complaint-handling process, this Agency (CAD) may send a copy of this complaint to the store or individual complained against.

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What adjustment do you seek? \_\_\_\_\_

Signature: \_\_\_\_\_

\_\_\_\_\_

**For Office use only:**

Investigator's Signature: \_\_\_\_\_

Solution: \_\_\_\_\_

Restitution: \_\_\_\_\_

Agency referred to: \_\_\_\_\_

Date closed: \_\_\_\_\_

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