

**Before you lodge this complaint you must first approach the service provider to attempt resolution of your complaint**

**the dti**

CONSUMER AND CORPORATE  
REGULATIONS DIVISION  
SOUTH AFRICA



## Office of Consumer Protection

### COMPLAINT FORM

#### Particulars of Complainant

Full Names of Complainant	
Postal Address	
Contact Details	
Tel :	
Fax :	
Cel :	
E mail :	
Province	
Age *	
Language	
Gender *	
Race *	
Income: * 0 - 1000	—
1000 - 5000	—
5000 - 10 000	—
10 000 - 50 000	—

\* The information is necessary for statistical and reporting purposes.

#### Particulars of Respondent

Name	
Type of Business Enterprise	
Industry	
Contact Person	

