



## CONSUMER COMPLAINTS FORM

*Consumer Complaints must be submitted to The Commission after the concerned service provider has been given an opportunity to resolve the matter.*

### SECTION A

Was this complaint first submitted to the service provider? \_\_\_\_\_

If yes, what date was it submitted to the service provider? \_\_\_\_\_

If no, first submit the complaint to the service provider and allow them to resolve the matter, alternatively provide a clear and concise statement of the reason why the complaint was not first submitted to them,

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### SECTION B; PARTICULARS OF COMPLAINANT

FULL NAME OF COMPLAINANT	
POSTAL ADDRESS	
PHYSICAL ADDRESS	
CELL NUMBER	
TELEPHONE #	
FAX #	
E-MAIL ADDRESS	

### SECTION C; PARTICULARS OF SERVICE PROVIDER

NAME OF SERVICE PROVIDER	
PHYSICAL ADDRESS/BRANCH	
TELEPHONE #	
FAX #	
E-MAIL ADDRESS	



## SECTION D

### PART 1: DETAILS OF COMPLAINT

Provide a brief and accurate statement of the facts illustrating the complaint and demonstrating that the service provider acted wrongly;

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### PART 2: STEPS TAKEN TO RESOLVE THE COMPLAINT

Detail what has been done to resolve the complaint with the relevant service provider;

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- \_\_\_\_\_
- \_\_\_\_\_

### PART 3: RELIEF SOUGHT

Provide a clear statement of the specific relief or remedy sought ;

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### PART 4: LIST OF DOCUMENTS ATTACHED TO THIS FORM

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

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

#### ACKNOWLEDGEMENT OF RECEIPT BY ESCCOM:

NAME	
DATE	
LOCATION	
SIGNATURE	