



edtea

Department :

Economic Development, Tourism and
Environmental Affairs

PROVINCE OF KWAZULU-NATAL

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CONSUMER AFFAIRS DIVISION COMPLAINT FORM

for office
use only

REF NO: KZN/

- PLEASE NOTE:
1. Print or type (DO NOT high-light)
 2. Use **BLACK** ink
 3. Include copies of all relevant documents

A. PERSONAL PARTICULARS

Name & Surname: _____ ID No: _____

Residential Address: _____ Postal Address: _____

Home Tel: _____ Work Tel: _____ Cell No: _____

Fax: No: _____ Email Address: _____

B. PARTICULARS OF PARTY AGAINST WHOM/WHICH COMPLAINT IS BEING LODGED

Name of Respondent: _____

Physical Address: _____ Postal Address: _____

Telephone No: _____ Fax No: _____

Email Address: _____

Names & designations of people spoken to: 1. _____
2. _____
3. _____

C. COMPLETE THE RELEVANT SECTION

1. Account No / Invoice No / Contract No _____

2. INSURANCE

Policy Holder: _____ Policy No: _____

3. MOTOR VEHICLE

Make & Model: _____ Year of Issue: _____

KM Reading: _____

D. DETAILS OF THE ACTUAL COMPLAINT

NB: Do not give a detailed account of the history of the issue. Please single out the main points of the issue, providing names and dates where possible, **mere reference to attached documents is not accepted**. Also indicate what steps you have taken to resolve the problem.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

E. STATE WHAT YOU THINK WOULD BE A REASONABLE SOLUTION TO THE PROBLEM

DATE: _____

SIGNATURE: _____