



FORM 'B1'
COMPLAINANT FORM

Case No. :

Name of Complainant:

Name of Representative :(if applicable)

Address:

Occupation:

Tel No:

Email:

Nature of Complaint: (E.g. Defective Goods, False Advertisements, Unfair Business Practices).....

Name of Respondent:

Name of Representative: (if applicable).....

Address:

Occupation:

Tel No:

Email:



Particulars of Claim

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.....
.....

Relief Sought

- 1).....
- 2).....
- 3.).....

DATED THIS.....DAY OF THE MONTH.....IN THE YEAR.....

.....

.....

Consumer Protection Director

Complainant / Representative

(Signature)

(Signature)