



**MINISTRY OF COMMERCE, INDUSTRY AND LABOUR  
FAIR TRADING DIVISION  
COMPLAINT FORM**

**Entity Number:**

**Date Received:**  /  /   
day month year

**FTO in-charge:** \_\_\_\_\_

**1. Complainant Gender:** Female  Male

**2. Complainant:** Consumer  Trader

**3. Alleged Offender:** Consumer  Trader

**4. Complainant Name (optional)**

**5. Alleged Offender Name (Optional)**

**6. Mode Received:**  
 Telephone  In person  Email  Written   
 No#:

**7. Location Island (Complainant):** Village: \_\_\_\_\_  
 Upolu  Savaii  Manono

**8. Location Address: Alleged Offender** \_\_\_\_\_ **Ph: No#:**

**9. Nature of Complaint:** FS  P  PFS  S  SP  Pyr

**Details of Complaint:**

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**Details of Action Taken:**

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**10. Action Taken:** Aref  AR  ICFR  IMRC  IMRT  IR  ITW

**Date Close:**  /  /   
day month year

**LEGEND:**

FS:	Food Safety	AR:	Advice & Resolved
P:	Price misleading/refund/overpricing	IR:	Investigate and Resolve
ICFR:	Investigate but Complainant failed to return	PFS:	Price & Food Safety
SP:	Unsatisfactory Service & Breach of Price	S:	Unsatisfactory Service
Aref:	Advice and Referral to other Ministries/Complainant refer Own Lawyer		
IMRC:	Investigate, Mediate & Resolve in favor of Consumer	Pyr:	Pyramid Selling
IMRT:	Investigate, Mediate & Resolve in favor of Trader	ITW:	Investigate and Trader Warned