



# COMPLAINT FORM

Please fill in this form and deliver it to the Competition and Consumer Commission at Ministry of Commerce, Industry and Labor, Level4, ACC Building:

### **Your contact information**

Your complaint and personal information will be treated by the Commission as confidential.

Required Information:	Please Complete:
Salutation:	Mr /Mrs /Ms /Dr / other
Last name:	
First name:	
Position in company:	
Name of company:	
Street address:	
City/Town/Village:	
Postal code:	
Telephone number:	
Email Address:	

**Is your complaint on behalf of an organization (e.g. a company, association)?** If so, please provide the relevant information below:

<b>Required Information:</b>	<b>Please Complete:</b>
Name of organization on behalf of which you are making this complaint:	Mr/
Street address:	
City/Town/Village:	
Postal code:	
Telephone number:	
Email address:	

**Who does your complaint relate to?** Tell us about the company, organization or individual that you wish to make a complaint about:

<b>Required Information:</b>	<b>Please Complete:</b>
Last name:	
First name:	
Position in company:	
Name of company:	
Street address:	
City /Town /Village:	
Postal code:	
Company phone number:	
Email address:	

**Details of your complaint;** please provide as much information as possible about your complaint and attach all documents you have that relate to your complaint. Please provide us with the following information:

Required Information	Please complete:
What goods or services does your complaint relate to:	
When did the conduct you complain of begin?	
Is the conduct you complain of still continuing?	
If the conduct you complain of is not continuing, when did it end?	
What else should we know about your complaint?	

**Nature of the conduct;** Please tick the boxes that best describe the nature of the conduct you complain of:

<input type="checkbox"/>	Price Fixing	<input type="checkbox"/>	Bid rigging
<input type="checkbox"/>	Market sharing	<input type="checkbox"/>	Collective boycott
<input type="checkbox"/>	Abuse of market power, substantially lessening competition	<input type="checkbox"/>	Anti-competitive agreement, substantially lessening competition
<input type="checkbox"/>	Merger that substantially lessens competition	<input type="checkbox"/>	Bid-rigging
<input type="checkbox"/>	Bait advertising	<input type="checkbox"/>	Misleading or deceptive conduct
<input type="checkbox"/>	Referral selling	<input type="checkbox"/>	Offering gifts or prizes without intention to supply
<input type="checkbox"/>	Harassment or coercion	<input type="checkbox"/>	Pyramid selling scheme
<input type="checkbox"/>	Other conduct, please specify:		

**Other people who may be able to provide information regarding your complaint:**

<b>List the names of the parties below:</b>	<b>Address and contact details:</b>

**Declaration**

I declare that the information I have submitted in the Complaint Form is true and correct to the best of my knowledge and belief.

<b>Required Information:</b>	<b>Please Complete:</b>
Your name:	
Date:	
Signature:	