



**FAIR TRADING DIVISION
COMPLAINT FORM**

Entity Number: (OFFICIAL USE ONLY)

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): Upolu Savaii Manono
- 8. Location Address: Alleged Offender _____
- 9. Nature of Complaint: FS P PFS S SP Pyr

Details of Complaint:

Details of Action Taken:

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

Date Close: / /
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