



Swaziland Competition Commission

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CONSUMER PROTECTION DEPARTMENT

FORM 1B

**COMPLAINT AGAINST UNFAIR MARKET CONDUCT, AGGRESSIVE,
MISLEADING AND DECEPTIVE TRADE PRACTICES AND OTHER
PROHIBITED PRACTICES AGAINST CONSUMERS**

A. Particulars of person making the complaint	
Title: Mr. Ms. Mrs.:	Given Name:
Physical Address:	Contact No.:
Postal Address:	Email address:
<p>Are you making this complaint on your behalf?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	
<p>If "No", please provide details of the Organisation below.</p> <p>Name of organisation:</p>	
Physical Address:	Contact No.:
	Fax No.:
Postal Address:	Email address:
B. Who are you complaining against (Respondent)?	
Name of business of the Enterprise(s) complained against:	
Physical Address:	Contact No.:
	Fax No.:

Postal Address:	Email address:
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C. Relationship

What is your relationship with any of the enterprise(s) you are complaining about?

- Supplier
- Competitor
- Employer/Former Employer
- Others

For "Others", please specify:

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D. Third-party Information (in any):

Name of party	Contact Details
Name of party	Contact Details
Name of party	Contact Details

E. Description of the goods/service which form the nature of the complaint.

Please describe the products/services in which the enterprises complaint of are dealing with.

F. Nature of unfair trading conduct complained against:

- Unfair Market Conduct
- Aggressive Practices
- Misleading or Deceptive Selling
- Misleading Acts or Deceptive Practices

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When did this unfair trading conduct activity start?

Is this unfair trading conduct still continuing?

Yes

No

If not, when did this unfair trading conduct end?

Please list all evidence supporting your complaint and attach all such relevant documents to this complaint form:
(e.g. proof of payment, agreements/contract, minutes of meetings/notes of telephone conversations, business documents, circulars, correspondence, commodities/goods/services etc.)

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Please also specify any part of the information that should be treated as confidential.

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G. Declaration	
I certify that the information provided herein is true and correct to the best of my knowledge. I note that it is an offence to supply false and misleading information to the Swaziland Competition Commission.	
Signature:	Date:

Guidelines

1. Form 1B should be filled in by the Complainant with the assistance of an authorized officer of the Commission where necessary. **Section A shall not be applicable to informants / whistle blowers.**
2. The idea behind the filing of Form 1B is to offer the Commission the opportunity to assess all consumer complaints and endeavor to provide responsive, accessible and helpful service.
3. Once the form has been filed with the Commission, the Commission shall promptly acknowledge the complaint and the consumer shall be informed of the process the Commission shall undertake in resolving the complaint.
4. Form 1B is applicable to all consumers or organizations who complain of unfair market conduct, aggressive, misleading and deceptive trade practices and other prohibited trade practices against them.
5. The Complainant must fill in all applicable sections of the form. Where sections of the form are not applicable, kindly mark with 'not applicable' or 'N/A'.
6. The Complainant must describe the unfair trading conduct he/she is complaining about and explain how it affects him/her or the organization he/she is representing.
7. The Complainant should attach copies of additional information where necessary and where the space provided in the form is not sufficient.
8. The complaint may be publicly available for reporting purposes.
9. In the event the exact dates of event are not known or cannot be recalled by the Complainant, an estimation of dates may be made.