



For Official Use
Complaint No:
Date of Receiving Complaint:
Time:

Complaint Record

Office of the Consumer Protection Board

Date of Complaint/...../.....

1. Complainant details

ID card no./Passport no.

Name-Surname.....Race.....Nationality.....

Gender Male Female Age Under 15 16-25 26-35 36-45 46-55 Over 55

Address Postal Code

Phone no.Mobile phone no.Email

Occupation

Income (per month)

- Government employee Company employee Freelance Less than THB 10,000 THB 30,000 - 40,000
 Student Farmer Self-employed THB 10,001 - 20,000 THB 40,001 - 50,000
 Government officer State enterprise employee Business owner THB 20,001 - 30,000 More than 50,000
 Others (Please specify).....

2. Attorney details (if any)

ID card no./Passport no.

Name-SurnameRace.....Nationality.....

Address Postal Code

Phone no.Mobile phone no.Email

3. Respondent details

<input type="checkbox"/> Ordinary person	Name-Surname
<input type="checkbox"/> Juristic person	Name of company/partnership/organization.....
Business type	<input type="checkbox"/> Company <input type="checkbox"/> Limited partnership <input type="checkbox"/> State enterprise <input type="checkbox"/> Government agency

[Type here]

	<input type="checkbox"/> Public company limited <input type="checkbox"/> Department store <input type="checkbox"/> Store <input type="checkbox"/> Others (Please specify).....
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Address/Location Postal Code

Phone no. Mobile phone no. Email

Registered capital	Association Membership	
<input type="checkbox"/> Not exceeding THB 1 million <input type="checkbox"/> Not exceeding THB 5 million <input type="checkbox"/> Not exceeding THB 10 million <input type="checkbox"/> Not exceeding THB 50 million <input type="checkbox"/> Not exceeding THB 100 million <input type="checkbox"/> More than 100 million	<input type="checkbox"/> Non-affiliated	
	<input type="checkbox"/> Affiliated	<input type="checkbox"/> Housing Business Association <input type="checkbox"/> The Thai Real Estate Association <input type="checkbox"/> Thai Condominium Association <input type="checkbox"/> Other (Please specify).....

4. Complaint details

Complaint issue (issue /problem)

Goods Category Brand name Series

Service Category Terms of Service Duration of service.....

Estate Category Duration of contract

Name of the property Address no. Village.....

Road..... Sub-District District Province.....

Postal Code Phone no. Mobile phone no.

Email

Date/month/year of purchase, starting to receive the service, or contract/...../.....

Price (THB) (.....)

[Type here]

Damages	
<input type="checkbox"/> Did not receive goods <input type="checkbox"/> Did not follow as advertising/invitation <input type="checkbox"/> Delayed construction <input type="checkbox"/> Delayed receipt of goods <input type="checkbox"/> Did not meet the terms of the agreement <input type="checkbox"/> Untidy <input type="checkbox"/> Received but not fully <input type="checkbox"/> Did not follow as the contract <input type="checkbox"/> Did not construction <input type="checkbox"/> Poor quality goods <input type="checkbox"/> Unfair contract <input type="checkbox"/> Do not provide public utility <input type="checkbox"/> The defective product <input type="checkbox"/> Did not transfer ownership <input type="checkbox"/> Being in trouble <input type="checkbox"/> Below standard <input type="checkbox"/> Delay in transferring ownership <input type="checkbox"/> Other(s) (Please specify).....	
The place of purchase of the products or services	
<input type="checkbox"/> Department store <input type="checkbox"/> Convenience store <input type="checkbox"/> Location/Branch <input type="checkbox"/> Hotel <input type="checkbox"/> Market fair <input type="checkbox"/> Exhibition <input type="checkbox"/> Service center <input type="checkbox"/> Internet <input type="checkbox"/> Other (Please specify)	
Motivation on purchasing the products or services	
<input type="checkbox"/> Print media <input type="checkbox"/> Television <input type="checkbox"/> Radio <input type="checkbox"/> Internet <input type="checkbox"/> Salesperson <input type="checkbox"/> Other(s) (Please specify)	
Payment	
<input type="checkbox"/> Cash <input type="checkbox"/> Installments <input type="checkbox"/> Credit card <input type="checkbox"/> Hire purchase <input type="checkbox"/> Other (Please specify)	
Purpose of the complainant	
<input type="checkbox"/> examination of the businessperson <input type="checkbox"/> Whistle-blowing <input type="checkbox"/> examination of advertising <input type="checkbox"/> Terminate of contract <input type="checkbox"/> examination of product label <input type="checkbox"/> examination of the contract <input type="checkbox"/> Other (Please specify)..... <input type="checkbox"/> Refundable/compensation (THB) Please provide details	

Have you ever complaint on this topic before?	
<input type="checkbox"/> Yes	<input type="checkbox"/> Complaint with agency (please specify)
	<input type="checkbox"/> Prosecution (please specify)
<input type="checkbox"/> No	

[Type here]

3. Making a complaint without sensible reasons or requesting unreasonable compensation may result in the court demand that I pay costs in full or in part.
4. In the case that I proceed with the case to the court by myself, I will provide a letter of termination to the Office of the Consumer Protection Board.
5. I am directly responsible for examining the order of restoration and bankruptcy from the Legal Execution Department.
6. In the case that there is no contact from any competent authority, I will follow up with the complaint and constantly be updated on the complaint every month.

I hereby certify that the statements made towards the Office of The Consumer Protection Board are true and correct. I am responsible for all the above statements. I am informed that making false statements to the officer which cause harm to other people means that I forfeit the right to take criminal action.

Signature.....Complainant/Attorney
(.....)

Channel of complaint			
<input type="checkbox"/> Walk in	<input type="checkbox"/> Internet	<input type="checkbox"/> Letter	<input type="checkbox"/> Other (Please specify).....

More information
.....
.....

Signature.....Officer
(.....)

Division/Section

[Type here]