

## COMPLAINT FORM The Office of the Consumer Protection Board

|                                     | D                            | Date:(D/M/Y)                           |     |  |  |
|-------------------------------------|------------------------------|--|-----|--|--|
| PERSONAL DATA                       | RSONAL DATA OF A COMPLAINANT |  |     |  |  |
| First Name :                        | Las                          | st Name :                              | _   |  |  |
|                                     |                              |  |     |  |  |
|                                     |                              | Country                                |     |  |  |
| Tel :                               | Fax :                        | Email :                                | _   |  |  |
| Date of Birth :                     | Nationality                  | Passport no.:                          |     |  |  |
| Issued at:                          | Date of Issued:              | Date of Expiry:                        |     |  |  |
| Name of Business C                  |                              | r:                                     |     |  |  |
|                                     |                              | Email :                                |     |  |  |
| 2. The complainant truth as follow. | t would like to make a con   | mplaint by giving the statement with t | :h0 |  |  |
|                                     |                              |  | _   |  |  |
|                                     |                              |  |     |  |  |

| 3. Please state what is your purpose:   |
|---|
| 5. Flease state what is your purpose.   |
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|   |
| 4. The following documents shall be provided and submitted together with the complaint form : |
| 1. Photocopy of the passport2. Photocopy of the receipt. (if any)                             |
| 3. Other relevant documents such as photos etc.   |
| (2.1)   |
| (3.1)   |
| (3.2)   |
| (3.3)   |
| (3.4)(3.5)  |
| (3.3)   |

| I (Mr./Mrs./Ms.)            | certify that the foregoing statements.  |
|-----------------------------|---|
| which I summit to the Of    | fice of the Consumer Protection Board, are correct. And I                                     |
| acknowledge that it shall   | be my responsibility to the truth of the above statements.                                    |
| U                           | se statements to the officials, which cause another person to to the criminal procedure code. |
| Complainant's signature : _ | Date :  |
| (                           | )   |

 ${f Note}$ : Please complete the form and send it together with related documents to the office via one of the following channels:-

**BY MAIL**: The Office of the Consumer Protection Board
Government Complex, Building B, 5<sup>th</sup> Floor, Chaengwattana Road,
Thoung Songhong Sub-District, Lak Si District, Bangkok 10210
THAILAND.

**By FAX**: + 66 2 143 9774

BY E-MAIL: <a href="mailto:consumer@ocpb.go.th">consumer@ocpb.go.th</a>