



COMPLAINT FORM

Please ensure to complete **all required information** on this form in full.

1. YOUR INFORMATION		2. PARTICULARS OF YOUR COMPLAINT	
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. Name _____ NRIC/ID/Passport _____ Address _____ City _____ State _____ ZIP _____ Country _____ Age <input type="checkbox"/> 18-29 <input type="checkbox"/> 30-39 <input type="checkbox"/> 40-49 <input type="checkbox"/> 50-59 <input type="checkbox"/> 60+ Phone _____ E-mail _____		Name/Entity _____ Website _____ Address _____ City _____ State _____ ZIP _____ Country _____ Phone _____ E-mail _____ Person you dealt with _____	
3. AMOUNT IN DISPUTE/ASSOCIATED WITH YOUR LOSS \$ _____			
4. WHEN DID THE TRANSACTION/INCIDENT OCCURED?		Date	Time
5. WHERE DID THE TRANSACTION/INCIDENT YOU ARE COMPLAINING ABOUT TOOK PLACE (Check the applicable box)			
<input type="checkbox"/> At the entity place of business <input type="checkbox"/> By internet/e-mail <input type="checkbox"/> Other _____		<input type="checkbox"/> By mail <input type="checkbox"/> By telephone	
6. WHEN WAS THE VERY FIRST CONTACT BETWEEN YOU AND THE ENTITY?			
<input type="checkbox"/> I telephoned the entity <input type="checkbox"/> I received a telephone call from the entity <input type="checkbox"/> I received information by e-mail <input type="checkbox"/> I received information in the mail		<input type="checkbox"/> I went to the entity place of business <input type="checkbox"/> I responded to an offer on the Internet <input type="checkbox"/> A person came to my business premise <input type="checkbox"/> Other _____	
7. WHAT WAS THE TRANSACTION FOR?		<input type="checkbox"/> Business purpose <input type="checkbox"/> Investment <input type="checkbox"/> Retirement plan	
8. HOW DID YOU REMITTED THE PAYMENT?			
<input type="checkbox"/> Cash <input type="checkbox"/> Credit Card <input type="checkbox"/> Retirement Fund		<input type="checkbox"/> Cheque <input type="checkbox"/> Instalment Loan <input type="checkbox"/> Private Insurance <input type="checkbox"/> Online Transfer <input type="checkbox"/> Other _____	
9. DID YOU SIGNED ANY WRITTEN AGREEMENT? IF YES, PLEASE ATTACH A COPY OF THE AGREEMENT <input type="checkbox"/> Yes <input type="checkbox"/> No			

10. HAVE YOU COMPLAINED TO THE ENTITY? (Check the applicable box)		<input type="checkbox"/> Yes <input type="checkbox"/> No
When? _____		
Action Taken? _____		
11. HAVE YOU LODGED COMPLAINT TO OTHER AGENCY? (Check the applicable box)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Agency Name _____		
When? _____		
Action Taken? _____		
12. HAVE YOU CONTACTED A PRIVATE ATTORNEY?		<input type="checkbox"/> Yes <input type="checkbox"/> No
13. HAVE YOU STARTED A COURT ACTION? IF YES, PLEASE ATTACH A COPY OF ALL COURT PAPERS		<input type="checkbox"/> Yes <input type="checkbox"/> No
14. HAVE YOU BEEN SUED OVER THIS ISSUE? IF YES, PLEASE ATTACH A COPY OF ALL COURT PAPERS		<input type="checkbox"/> Yes <input type="checkbox"/> No
15. PLEASE DESCRIBE YOUR COMPLAINT IN DETAIL (ATTACH ADDITIONAL PAGES IF NECESSARY)		
Please attach a copy of all papers involved (order book, warranty, payment receipt, bank statement, invoice, contract or written agreement, advertisement, cancelled check/transfer, correspondence, and all other related documents). Please print clearly or type.		
16. ACKNOWLEDGEMENT & DECLARATION		
I hereby confirm that the information and any documents submitted are current, accurate, reflective, and true. The information provided in this complaint form is based on my personal knowledge. By submitting this complaint, I understand that Labuan FSA cannot answer legal questions or give legal advice to me and cannot act as my personal lawyer.		
Signature _____		Date _____
Please Read Important Information: If your complaint submitted without the above acknowledgment and declaration signature, we will not be able to process but will keep on file in our complaint database record.		