

CONSUMER AFFAIRS COMPLAINT FORM

1. CONSUMER INFORMATION: BARP MEMBER NAME: (MR/MRS/MS/MISS) ___ LAST FIRST MIDDLE MID NUMBER _____ EXPIRATION DATE: _____ CONTACT NUMBER(S) _____ EMAIL _____ 2. COMPANY INFORMATION: NAME OF COMPANY FROM WHICH PRODUCT/SERVICE WAS PURCHASED _____ ADDRESS _____ TELEPHONE NUMBER _____ 3. PRODUCT OR SERVICE PURCHASED: PRODUCT OR SERVICE DISPUTED _____ DATE OF TRANSACTION/PURCHASE _____ / ____ / ____ AMOUNT PAID \$ _____ 4. HOW DID YOU PAY? METHOD OF PAYMENT: □ CASH □ CREDIT CARD/DEBIT CARD □ LOAN □ LAY-AWAY □ CHEQUE □ OTHER

DID YOU SIGN A CONTRACT, WARRANTY AGREEMENT OR SIMILAR PAPERS?

BRIEFLY EXPLAIN YOUR COMPLAINT				
WHAT ACTION HAVE YOU TAKEN TO RESOLVE THIS COMPLAINT?				
HOW DO YOU WANT THIS COMPLAINT RESOLVED?			□ PERFORM SERVICE	
DISCLAIMER				
Exclusion of Liability:				
Please take notice that it is not the function of the Consumer Affairs Committee to give or provide legal or other advice to members of BARP ("member"). The Committee may from time to time consult with and provide information to a member on consumer related matters, however, such consultation or information is not to be taken or relied upon by a member as particular advice, legal or otherwise.				
The Committee therefore excludes for itself and for BARP any liability for damage and loss arising from any consultation or information undertaken or provided to a member.				