

**Consumer Conciliation Request**

**BEFORE YOU LODGE YOUR CONSUMER CONCILIATION REQUEST** you should try to resolve the problem by talking directly with the trader. Explain the problem and offer solutions that will satisfy you. If you are not successful, put the problem and your solutions in writing to the trader (addressed to the manager) and ask for a written response within a reasonable time limit. Keep a copy of all correspondence. If you are not happy with the response, or there is no response at all, **then you can submit an official Consumer Conciliation Request.**

In most circumstances, NT Consumer Affairs can only provide conciliation services if you have made every effort to resolve the problem with the trader, and the trader has refused to provide redress.

When you contact the trader, make sure you advise them what the problem is, and what you require them to do. Remember, always keep calm, as you are more likely to resolve matters if you do not lose your temper.

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| **1. Conciliation Request made by (your details) *please print:*** |
| Please tick:  Mr  Mrs  Ms  Miss  Other |
| Surname: Given name(s): |
| Residential address:  Postcode: |
| Postal address:  Postcode: |
| Business phone: Home phone: |
| Mobile: Fax: |
| Email: Nominate which contact  is your preferred contact: |

**2. Conciliation Request with (trader details) *please print:***

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| Name of Trader: |
| Business address:  Postcode: |
| Postal address:  Postcode: |
| Name of contact person: |
| Contact person’s position: |
| Business phone: Mobile phone: Fax: |
| Email: |



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| **3. What does your Conciliation Request relate to?** |
| Goods or services this request relates to: |
| Date purchase or contract made: |
| Date work completed or scheduled to be completed: |
| Cost of goods or service: |
| How much of the contract or purchase price has been paid? |

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| **4. Details of your attempt to resolve the dispute** |
| Who did you speak or write to? |
| What did they offer to do for you? |
| Date of approach(es): |

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| **5. Have you referred your dispute to another organisation?** |
| Yes  No  If yes, please specify:  Which organisation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Who did you speak to? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |



**Please be aware that section 6 and 6(a), and the supporting documents, may be sent to the trader.**

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| **6. Dispute details** |
| In your own words, you need to provide a brief summary outlining the details of your Conciliation Request in the space below, and attach copies of all relevant documents. Please ensure that you retain the originals of any documents sent to NT Consumer Affairs. |

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| **6 (a).** |
| What did they offer to do for you? |



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| **7. Minimum amount** |
| NT Consumer Affairs will endeavor to obtain the maximum redress to which you are entitled. However, if we are unable to achieve this settlement, please state the minimum amount of redress that you would settle for: |

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| **8. Supporting documentation** |
| The following documents may be needed to support your request:   1. E-Mail Correspondence Yes  No 2. Letter Yes  No 3. Contract Yes  No 4. Invoice/Receipt Yes  No 5. Other, please indicate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Please ensure all of these documents are included with your request** |

**9. Declaration**

I/we have approached the Trader to try to resolve this matter.

I/we understand that an investigation is subject to the approval of the Commissioner of NT Consumer Affairs.

I/we declare that the information supplied by me/us is, to the best of my/our knowledge, true and correct.

My/our name(s), and the information I/we have provided may, if necessary, be revealed in correspondence or investigations concerning my/our complaint.

Signature: Date: \_\_\_ /\_\_\_\_ / 20 \_\_\_

Print name:

**For Office Use**

Receiving Officer’s Initials: Simple  Complex  LEGISLATION:

File No.: IND: ACL 

Date Received: \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_ PROD: RTA 

Action Officer: CON: Other \_\_\_\_\_\_\_\_\_\_\_\_\_

TBF: \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_

**PRIVACY STATEMENT**

Consumer Affairs complies with the Information Privacy Principles scheduled to the *Information Act*.