



**ONDO STATE GOVERNMENT**  
**MINISTRY OF COMMERCE INDUSTRY AND COOPERATIVE SERVICES**  
**TRADE COMPLAINT RESPONSE UNIT**  
**ONDO STATE TRADE GRIEVANCE/DISPUTE COMPLAINT FORM**

**COMPLAINANT INFORMATION:**

NAME:

PHONE:

ADDRESS:

E-MAIL ADDRESS:

NATURE OF BUSINESS:

**INFORMATION REGARDING GRIEVANCE**

Grievance should be submitted within 30 days of occurrence

Date of Incidence:

Location of Incidence:

Person(s)/Programme involved:

**Details of Grievance:**

Amount lost: ₦

Please attach evidence, if any.

(Please add detail of complaint using additional paper, if required)

Signature of Complainant:

Date:

**FOR OFFICE USE ONLY**

Report taken by:

Date:

Follow-up by:

Action taken by:

Date: