**ODSG LOGO**

**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: ~~N~~ Please attach evidence, if any.

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

Signature of Complainant: Date:

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**FOR OFFICE USE ONLY**

Report taken by: Date:

Follow-up by:

Action taken by: Date: