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Competition Authority of Kenya
 Kenya Railways HQs
 Block "D" Drop – Point; Ground Floor
 P. O. Box 36265-00200
 Haile Selassie Avenue

CONSUMER COMPLAINT FORM- CAK/CPD/F-001

This form is issued for the purpose of lodging a consumer complaint relating to Part VI of the Competition Act, No 12 of 2010 (the Act).

The form shall be completed to the best of your knowledge, and submitted to the Authority for consideration of your complaint(s).

If this complaint is lodged by a person other than the complainant, please provide contact details of the person authorized to discuss the complaint.

You may claim for confidentiality for information you provide by filling the Confidentiality Claim Form downloadable from the Authority's Website: www.cak.go.ke

Personal details of the complainant	
Date:	
Name of the complainant:	
Postal Address:	
Physical Address:	
Telephone:	
Email:	
Alleged parties to the conduct/complaint	
Name:	
Postal Address:	
Physical Address:	
Telephone No.	
Email:	
<i>If there are more than 1 name, please provide their details on a separate page and attach that to this form</i>	
Complaint details	
Clear description of the complaint:	<i>(Provide a clear description of your complaint)</i>



Harm caused, if any	
Have you raised a complaint to the alleged party?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what was the response?	
Have you raised a complaint to any other agency?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please provide the name of the agency:	
Is the complaint (in whole or in part) before a court or Competition Tribunal?	Yes <input type="checkbox"/> No <input type="checkbox"/>
How would you like your complaint to be resolved?	
How would you like to be contacted in case of further information or for feedback on the Authority's assessment of your complaint? Tick appropriately.	
By Phone <input type="checkbox"/>	By Email <input type="checkbox"/> By Letter <input type="checkbox"/>
Relevant documents (Attachments):	Please tick appropriately, if applicable
	Contracts <input type="checkbox"/>
	Warranty <input type="checkbox"/>
	Invoices <input type="checkbox"/>
	Receipts <input type="checkbox"/>
	Others <input type="checkbox"/> (Specify).....

Name of the complainant:

Date:

Signature :

NB: Upon completion of filling this form, you may submit it through our postal address or hand delivery, or email it to info@cak.go.ke .