

Consumer Product Safety Form 1



Queensland Government

Unsafe product or unsafe service report

This form is effective from 10 August 2020

OFFICE USE ONLY

Date received

Instructions

Complete this form to lodge a report about a consumer product safety issue. The Consumer Product Safety Unit, Office of Fair Trading, can investigate the safety of many consumer products except:

- **motor vehicles, trailers and transporting dangerous goods**
Department of Transport and Main Roads—phone 13 23 80 or visit www.tmr.qld.gov.au
- **food, drinking water, poisons and chemicals**
Queensland Health—phone 13QGOV (13 74 68) or visit www.health.qld.gov.au
- **medicines**
Queensland Health—phone 13QGOV (13 74 68) or visit www.health.qld.gov.au
- **pesticides**
Australian Pesticides and Veterinary Medicines Authority—phone 02 6770 2300
- **electrical products**
Electrical Safety Office, Office of Industrial Relations—phone 1300 362 128 or visit www.worksafe.qld.gov.au
- **workplace health and safety, amusement rides, industrial and construction equipment**
Workplace Health and Safety Queensland, Office of Industrial Relations—phone 1300 362 128 or visit www.worksafe.qld.gov.au
- **explosives, fireworks, gas and petroleum products**
Department of Natural Resources, Mines and Energy—phone 13 25 23 or visit dnrme.qld.gov.au
- **therapeutic goods**
Therapeutic Goods Administration—phone 1800 020 653 or visit www.tga.gov.au

If in doubt please complete this form.

Avenues for compensation for resultant injury and property damage: You may be entitled to seek financial compensation from product/service suppliers for medical treatment and rehabilitation costs, lost income during the period of recovery and incurred pain and suffering. You may also be entitled to seek compensation for damages caused to property. Promptly discuss possible compensation claims with a solicitor experienced in product liability law to determine whether they are worthwhile pursuing. The Office of Fair Trading cannot pursue these forms of compensation on your behalf.

Refunds for faulty products: You may be entitled to your choice of a refund, repair or replacement if goods or services supplied to you are faulty, different from the sample or description provided, do not do what they are supposed to, or are unsafe.

Important: If you have suffered a serious injury associated with the product or service you should report the matter to the supplier as soon as possible. The product or service supplier must report incidences of serious injury or death associated with their products to the Commonwealth Government once they become aware of them.

Privacy statement—please read

If you give the OFT an email address to communicate with you, the personal information in these communications will be stored on your email service provider's servers. These servers may be outside of Australia. By giving us your email address, you are consenting to the personal information contained within the emails to and from the OFT to be transferred outside Australia.

Person or business making report

Preferred title Mr Mrs Ms Miss Other (specify)

First name Last name

Address

Suburb State Postcode

Home phone () Fax ()

Work () Mobile

Email address

<p>Trader/service provider details</p> <p>Please complete as many details as possible.</p>	<p>Trader's name</p> <p>Address</p> <p>Suburb State <input type="text"/><input type="text"/><input type="text"/> Postcode <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>Phone () Fax ()</p> <p>Website/email</p>
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<p>Product/service description</p> <p>Send only copies of documents. Keep original documents in a safe place. We will contact the trader about the report, so be as accurate as possible.</p>	<p>Description of goods or services</p> <p>.....</p> <p>How did you pay the trader? (if relevant)</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Buy now/pay later (Afterpay, ZipPay, etc)</td> <td><input type="checkbox"/> Credit card</td> </tr> <tr> <td><input type="checkbox"/> Debit card</td> <td><input type="checkbox"/> Online payment (Paypal, eWay, Securepay, etc.)</td> </tr> <tr> <td><input type="checkbox"/> BPay/Direct Debit</td> <td><input type="checkbox"/> Money order/cheque</td> </tr> <tr> <td><input type="checkbox"/> Cash</td> <td><input type="checkbox"/> Money transfer (direct bank transfer, Western Union, etc)</td> </tr> <tr> <td><input type="checkbox"/> Other (gift card, cryptocurrency, etc.)</td> <td><input type="checkbox"/> No payment</td> </tr> </table> <p>.....</p> <p>What was the method of transaction?</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Social media</td> <td><input type="checkbox"/> Online retail</td> </tr> <tr> <td><input type="checkbox"/> Mail/catalogue</td> <td><input type="checkbox"/> Telephone</td> </tr> <tr> <td><input type="checkbox"/> In person</td> <td><input type="checkbox"/> No payment made</td> </tr> </table> <p>Date of purchase <input type="text"/><input type="text"/> / <input type="text"/><input type="text"/> / <input type="text"/><input type="text"/><input type="text"/><input type="text"/> <small style="margin-left: 10px;">D D M M Y Y Y Y</small></p> <p>Date you contacted trader regarding problem <input type="text"/><input type="text"/> / <input type="text"/><input type="text"/> / <input type="text"/><input type="text"/><input type="text"/><input type="text"/> <small style="margin-left: 10px;">D D M M Y Y Y Y</small></p> <p>Name and stated position of person to whom you complained</p> <p>.....</p> <p>Product/service price \$</p>	<input type="checkbox"/> Buy now/pay later (Afterpay, ZipPay, etc)	<input type="checkbox"/> Credit card	<input type="checkbox"/> Debit card	<input type="checkbox"/> Online payment (Paypal, eWay, Securepay, etc.)	<input type="checkbox"/> BPay/Direct Debit	<input type="checkbox"/> Money order/cheque	<input type="checkbox"/> Cash	<input type="checkbox"/> Money transfer (direct bank transfer, Western Union, etc)	<input type="checkbox"/> Other (gift card, cryptocurrency, etc.)	<input type="checkbox"/> No payment	<input type="checkbox"/> Social media	<input type="checkbox"/> Online retail	<input type="checkbox"/> Mail/catalogue	<input type="checkbox"/> Telephone	<input type="checkbox"/> In person	<input type="checkbox"/> No payment made
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Declaration and signature

If the Office of Fair Trading determines possible breaches of legislation have occurred and proceeds to court action are you prepared to assist that process (e.g. as a witness)? Yes No

Are you prepared to be contacted in future by the Office of Fair Trading or contractors for customer satisfaction or other research that can help us improve our services? Yes No

I declare that the information supplied by me is, to the best of my knowledge, true and correct. I agree that the information provided (except for demographic data) may, if necessary, be revealed to the trader in correspondence or investigations concerning this report, or referred to another authority for their appropriate action should the matter fall outside the Office of Fair Trading's jurisdiction. It may also be shared on a confidential basis with other Australian and New Zealand fair trading agencies.

Signature Date signed / /
D D / M M / Y Y Y Y

If the complainant is a business or company:
 I am authorised to sign this form on behalf of (insert name of business/company)

 Position

Send to:

Manager

Consumer Product Safety Unit
 Office of Fair Trading
 GPO Box 3111
 Brisbane QLD 4001

Fax: 07 3738 8840

For more information visit www.qld.gov.au/fairtrading or email the Consumer Product Safety Unit at safety@justice.qld.gov.au

Demographic data
 This information is used to help the Office of Fair Trading better understand who uses its services and identify groups targeted by unscrupulous businesses. It is not compulsory to complete it in full or part.

Gender: Male Female
 X (intersex, transgender or gender diverse)

Age: 17 or under 18–24 25–34 35–44
 45–54 55–64 65 plus

Country of birth:

Employment status:

Student Self-employed (business owner) Full-time employed
 Care-giver/home maker Retired Part-time employed
 Unemployed

Background:

Have a disability Aboriginal Torres Strait Islander
 South Sea Islander From a non-English speaking background

Gross annual income:

up to \$10,399 \$10,400 – \$25,999 \$26,000 – \$41,599
 \$41,600 – \$77,999 more than \$78,000

Preferred language if not English

Do you need an interpreter? Yes No

Tick all that apply.