



**Seychelles Licensing Authority**

P.O. BOX 3, Orion Mall, 5<sup>th</sup> June Avenue, Mahé, Seychelles  
Telephone: 4 28 34 44 Fax: 4 22 42 56 E-mail: [ceo@sla.sc](mailto:ceo@sla.sc)

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**Customer Complaint Form**

<b>1. Details of Complainant – The individual lodging the complaint</b>	
Name:	
Surname:	
Telephone:	
Email:	
Address:	

<b>2. Details of Accused – The individual/ business against whom the complaint is lodged</b>	
Name:	
Surname:	
Telephone:	
Email:	
Address:	
Business Name:	
Business Address:	

<b>3. Details of Complaint</b>
Describe your complaint by including when it happened, what happened, and whether there were any witnesses. Include copies of relevant supportive documents.

**4. Statement of Declaration**

“I, the undersigned warrant that the information given in this complaint is true, accurate and complete to the best of my knowledge and belief, that the attached copies of documents are unabridged. By signing this complaint I agree that a copy of this complaint may be provided to the party against whom I am filing this complaint.”

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date (day/ month/ year)

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**For Official Use Only**

Reference No:

**Officer Comments**

\_\_\_\_\_  
Signature of Officer

\_\_\_\_\_  
Date (day/ month/ year)