



DEPARTMENT OF COMMERCE



American Samoa Government
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Lolo M. Moliga
Governor

Keniseli Faalupe Lafaele
Director

Lemanu Peleti Mauga
Lt. Governor

Uili Leuanae
Deputy Director

PUBLIC COMPLAINT

DATE RECEIVED _____ STAFF RECEIVING _____

FILE/CASE NUMBER _____

INSTRUCTION:

The information that you provide to this office will assist us in evaluating your complaint and give the business that you are complaining against notice of the facts alleged. Please answer the questions in English as thoroughly as possible. If you are not comfortable answering in English, our staff will assist you. **It is also very important that you mention any documentation and evidence that you have related to your complaint.**

We will contact the business and investigate your complaint; a site visit will be conducted when and where warranted. Upon completion we will contact you and inform you of our investigation

PLEASE FILL OUT THE QUESTIONS BELOW:

1. Your Complete Name: _____
2. Location/Village: _____
3. Mailing Address: _____ Email: _____
4. Home Ph.# _____ Work Ph.# _____ Cell Ph. # _____

Name of Business that you are complaining against: _____

Village/Location: _____

Owners Name (if you know) _____

Nature of Complaint:

(FOR MORE ROOM, PLEASE USE ANOTHER SHEET OF PAPER AND ATTACH)

ACTION TAKEN:

(FOR MORE ROOM PLEASE USE ANOTHER SHEET OF PAPER AND ATTACH)

RESOLVED AND CLOSED UNRESOLVED PENDING

(PLEASE CHECK THE APPROPRIATE BOX ABOVE)