



## Individual InfoForm Report

Reference Number: REF2851665

### Customer

#### Customer Name

Is Anonymous: False  
 Salutation: Mr  
 First Name: [Redacted]  
 Last Name: [Redacted]

#### Contact Numbers

Business Phone  
 Home Phone  
 Mobile Phone

#### Address Details

Address Type: Primary  
 Address Line 1  
 Address Line 2  
 Address Line 3  
 Suburb  
 Postcode: [Redacted]  
 State: VIC  
 Country

#### Email Address

Email Address: [Redacted]

#### Demographic Details

Age  
 Gender: Not Specified  
 Financial Hardship: No  
 Youth: No  
 Older Australian: No  
 English Language Skills: No  
 Indigenous: No  
 Remote Community: No  
 Disability: No  
 Serious or Chronic Illness: No  
 Other Temporary Circumstances: No

#### Special Requirements

Interpreter Call: No  
 TTY: No  
 Contact Record: [Redacted]

### Report Details

Contact Date: 07/01/2020  
 Contact Reason: Report  
 Contact Mode: Web Form  
 Phone Source Line  
 Description: Bushfire fundraising is going to individual who promises to donate to charities.

Reported By: [Redacted] On Behalf of Organisation

Desired Outcome

#### External Identifiers

Reference Number: REF2851665 CRM 2011 Ticket Number

TrackIT ID

### Activities

| Type | Subject              | Status    | Owner      | Actual Start |
|------|----------------------|-----------|------------|--------------|
| Task | No Response Provided | Completed | [Redacted] | 13/01/2020   |

### Clock

| Start Date and Time    | End Date and Time     | Duration |
|------------------------|-----------------------|----------|
| 07/01/2020 10:53:04 PM | 13/01/2020 1:29:01 PM | 4:00     |



## Individual InfoForm Report

### Classification

#### Categories

Level 1 Not ACCC  
 Level 2 No CCA  
 Level 3

#### Types of Claim

|                          |    |                               |    |
|--------------------------|----|-------------------------------|----|
| Organic                  | No | Animal Welfare                | No |
| Technology or Scientific | No | Genetically Modified          | No |
| Environmental            | No | Quality and Content Standards | No |
| Free Range               | No | Place of Origin               | No |
| Fair Trade               | No | Health                        | No |

#### Issue

|                      |    |                 |    |
|----------------------|----|-----------------|----|
| Carbon Issue         | No | Franchise Issue | No |
| Small Business Issue | No | Food Labelling  | No |
| NBN Network          | No |                 |    |

#### Industry of Interest

|                      |    |                              |     |
|----------------------|----|------------------------------|-----|
| Medical              | No | Fuel                         | No  |
| Supermarkets General | No | Supermarkets Shopper Dockets | No  |
| Debt Collection      | No | Telecommunications           | No  |
| Energy               | No | Online or eCommerce          | Yes |

#### Mode of Communication

|              |    |               |    |
|--------------|----|---------------|----|
| Door to Door | No | Telemarketing | No |
|--------------|----|---------------|----|

#### Advertising

|            |    |       |    |
|------------|----|-------|----|
| Internet   | No | Radio | No |
| Television | No | Press | No |

### Conducts

| Section Id | Section Name           | Act / Division / Part         | Group Description | ACL Classificationname |
|------------|------------------------|-------------------------------|-------------------|------------------------|
| General    | General - No CCA Issue | Act: CCA Div: 3 Part: General | Other             |                        |

### Trader Details

Primary Trader: Not Applicable / NA / Unknown / Anonymous

Trader ANZSIC Code: 9603-No Description Given

Primary Trader Business Contact Name :

#### Trader Details (if Different from Primary)

Trader Website

Trader Email Address

Trader Phone

Trader Address Line 1

Trader Address Line 2

Trader Address Line 3

Trader Address Suburb

Trader Address State



## Individual InfoForm Report

Trader Address Post Code

### Other Traders

### Action

Advice NRP - C is reporting a [REDACTED] page and has not requested a response or asked any questions

### Assignment

Owner No Response Required Yes

### Resolution Dates

First Resolved On 13/01/2020 Last Resolved On 13/01/2020

### InfoForm Action

Report Status Closed Report Status Reason Non-ACCC Issue

Referred To External Party:

Escalated To Escalated By

Action Date 13/01/2020

Comments

### Confidentiality & TRIM Documents

Ministerial No TRIM Response Doc  
TRIM Contact Doc

### Product Safety

#### Action Taken

Complained No Returned No

Asked Refund No Returned Purchase No

Action Taken Other

Contacted Supplier Consent to disclose

Outcome of contact with supplier

PS Other action taken

### Product Details

Brand Date of Purchase  
Type Batch Name / Number

Manufacturer

Name

Model

Description

Product Category

Regulated Product No

How was product obtained

Other

### Why Reporting

Problem Report

Believe Banned No Almost Accident No

Injured No Injury Required Hospital Treat. No



## Individual InfoForm Report

|   |  |
|---|--|
| <p>Treatment from a medical professional</p> <p>Require hospital stay</p> <p>Provide details</p> <p><b>Scam Watch</b></p> <p>Scammer Contact Date</p> <p>Scam Contact Mode            N/A</p> <p>Scam Contact Website</p> <p>Scam Contact Website Other</p> <p>How Paid (Payment Type)</p> <p>How Paid (Other)</p> <p><b>Loss Type</b></p> <p>Is Loss Suffered?            No</p> <p>Personal Info Loss            No</p> <p>Amount Lost</p> <p><b>Small Business</b></p> <p>Business Name</p> <p>Business Age</p> <p>Description of Loss</p> <p><b>Relationship</b></p> <p>As Competitor                No</p> <p>Related As Franchisee        No</p> <p>As Other                        No</p> <p>As Other Description</p> <p><b>Refusal</b></p> <p>Is Refusal                      No</p> <p>Refusal to Supply?            No</p> <p>Refusal Type</p> <p>Reason Sought                No</p> <p>Referred Elsewhere            No</p> <p>Reason Description</p> <p>Referral Outcome</p> <p><b>Franchise</b></p> <p>Name</p> <p>Location</p> <p>Date Disclosure</p> <p>Date Entered</p> <p>Mediation                      No</p> <p>Mediation Result</p> <p>Negotiation                    No</p> <p>Negotiation Result</p> <p>Franchise Other                No</p> | <p>Near Miss/Almost Accident</p> <p>Type of incident nearly occurred</p> <p>Will You Share Your Story:</p> <p>On Behalf of Business        No</p> <p>Business Age</p> <p>Business Size</p> <p>Commercial Information Loss    No</p> <p>Banking Details Loss            No</p> <p>Industry</p> <p>Business Size</p> <p>As Supplier                      No</p> <p>As Customer                      No</p> <p>Refusal Other                    No</p> <p>Refusal Date</p> <p>Alternative Available            No</p> <p>Franchise Legal Received        No</p> <p>Franchise Legal Waiver        No</p> <p>Mediation Date</p> <p>Negotiation Date</p> |
|---|--|



## Individual InfoForm Report

Franchise Other Details

Franchise Other Outcome

### Anticompetitive & Unconscionable Conduct

Is Anticompetitive No

Product

Description

### Unconscionable Conduct

Is Unconscionable No

Unconscionable Event

Documents No

Unconscionable Influence Used No

### Report Lodged With Other Agency

Lodged With Other? No

Description

Result

### Audit

Created By

Created On

07/01/2020

Modified By

Modified On

13/01/2020