

(Form 1)

COMPLAINT FORM

Date received:
Telecommunications Provider's
Complaint No.
Prefixed Complaint No.
Date sent to respondent

Please insert your details:

1. MR MRS MISS OTHER.....
2. FIRST NAMES.....
3. SURNAME.....
4. ADDRESS.....
.....
5. Postal Address (if different from above)
.....
6. Address for service of documents (if different from above)
.....
.....
7. Daytime telephone contact number(s)
8. Fax number(s).....
9. Email Address.....

10. If an Attorney or Legal Counsel is acting for you please give details (all documents will be sent to your representative)

Name.....

Address.....

.....

Postal address (if different from above)

.....

Address for service (if different from above).....

.....

Daytime telephone number (s).....

Fax number(s).....

Email address.....

11. Please give the name and address of the Telecommunications Provider against whom this complaint is being brought

Name.....

Address.....

.....

Postal address (if different from above).....

.....

Address for service (if different from above).....

.....

Daytime telephone number(s).....

Fax number(s).....

Email address.....

12. Please give details/grounds of your complaint.....

.....
.....
.....
.....

Dated this day of 200.....

.....
Applicant/Applicant's Representative

(please use additional paper if necessary)