

COMPLAINTS FORM

CONSUMER'S INFORMATION:

First Name	Last Name
Company Name <i>(complete only if you are filling this complaint on behalf of a company or an organization)</i>	
Address:	
Telephone Number:	Email Address

***** ANSWER EACH QUESTION THAT APPLIES TO YOUR SPECIFIC COMPLAINT *****

<p>1. What is the name of the company that is the subject of your complaint?</p>
<p>2. If your complaint is about a radio or television station, provide the following information:</p> <p>a. Station call sign _____</p> <p>b. Radio station frequency (e.g. 102.0 or 98.1) _____ or TV channel (e.g. "13"): _____</p> <p>c. Station location: _____</p>
<p>3. If you are complaining about a cable or satellite operator (e.g. multichoice), provide the following information:</p> <p>a. Operator name: _____</p> <p>b. Operator Location/address: _____</p>
<p>4. Provide the details of your complaint, including the time, date and nature of any conduct or activity complained of and identifying information for companies, institutions or individuals involved (if not already described above):</p> <p>a. Date (mm/dd/yyyy): _____ / _____ / _____ /</p> <p>b. Time: _____ AM _____ PM</p> <p>c. _____</p> <p>_____</p> <p>_____</p>