

INDEPENDENT BROADCASTING AUTHORITY

COMPLAINT FORM (PROGRAMME)

1. Particulars of Complainant:

Title (Mr/Mrs) :
Last Name :
First Name (s) :
Address :
ID/ Passport No :
Telephone No. :
Fax No. :
Email Address :

2. Particulars of Complaint:

Title of Programme :

Type of Programme

Radio ☐

TV ☐

Channel ☐

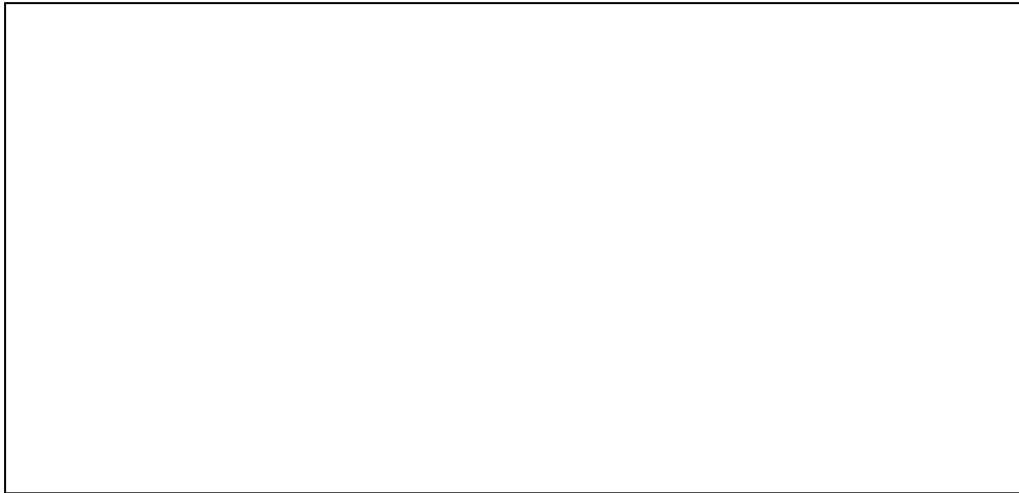
(Tick as appropriate)

Broadcast station's name:

Date:

Time:

3. **Details** (Please provide as many details as possible)



Note:

1. Information that you provide may be made public or be accessible to the public.
2. The Complaints Committee may require you to attend a hearing regarding a complaint by writing to you.
3. Depending on the complaint, you may be required to provide more details as and when required.
4. A complaint shall not be considered where it —
 - (a) is or is likely to be, the subject of an action before a court of law;
 - (b) appears to be frivolous or vexatious.
5. THE IBA does not deal with complaints about poor service or contracts between yourself and a supplier