

INDEPENDENT BROADCASTING AUTHORITY

COMPLAINT FORM

1. **Particulars of Complainant:**

Last Name:

First Name (s):

Address:

.....

Telephone: (Home):

(Work):

(Mobile):

(Fax):

E-mail address:

2. **Particulars of Complaint:**

Title of Programme/Advertisement

.....

Radio/Television (Delete as appropriate)

Broadcast station's name:

Broadcast date:

Broadcast 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.

Date: Signature: