

INDEPENDENT BROADCASTING AUTHORITY
CONSUMER COMPLAINT FORM
(ADVERTISEMENT)

Particulars of Complainant:

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

Are you complaining in your personal capacity?

YES

Note: If, the Complaint is on behalf of a company or organization, please fill in the Competitor Complaint Form (advertisement)

Type of Advertising

Radio

TV

(Tick as appropriate)

Where and when you saw the advertising

Please indicate station, channel, and date and time to enable the Authority to source a television or radio commercial.

Radio Date: Time:

Television Date: Time:

Channel Date: Time:

(Tick as appropriate)

Who is the advertiser and what product is advertised?

Who Unknown
Product Unknown

Your complaint

Please provide a brief description of the advertisement

Please set out clearly the reasons as to why you find a particular advertisement objectionable

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