

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 :

.....

Radio /Television :

(Delete as appropriate)

.....

Broadcast station's name :

Broadcast date :

Broadcast time :

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

Date:.....

Signature:.....

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. No complaint will be processed if same has been subject to an action in a Court of Law.