

Complaint Form

COMPLAINANT'S INFORMATION

1- Name: _____
2- Address: _____ 3- Present Address: _____
4- ID Card/ Registry Number (if a company): _____ 5- Nationality: _____
6- E-mail: _____ 7- Contact Number: _____

DEFENDANT'S INFORMATION

1- Name of Broadcasting Station: _____

Complaint Information

2- Type of Complaint: Content Service Deficiency License Other

3- If Content
Related:

4- Name of the Programme _____

5- Broadcast date: _____ 6- Broadcast time: _____

7- Complaint Details _____

*Please attach supplementary documents

COMPLAINANT

I hereby certify that the information in this form are true
and accurate to the best of my knowledge and belief.

Sign: _____

Name: _____ Date: _____

Company Seal

FOR COMMISSION USE ONLY

1- Applicant's Name: _____ 2- ID Card No: _____

3- Recipient's Name: _____ 4- Sign: _____

5- Complaint Number: _____ 6- Date of Receipt: _____