

CONSUMER COMPLAINT FORM

Please complete all information and enclose copies of correspondence and other papers that will help us investigate your complaint. Sign and date on back side at bottom.

Note: Consumers should first address their grievances with the service providers directly. Please use this form **ONLY** if you are not satisfied with the response to your complaint from the service provider after allowing 15 days from the date of last exchange between the consumer and the service provider on the issue of the complaint. Please also note that in order to seek a solution to this complaint, the ANC may need to share this form and any documents associated with it with the service provider the consumer is complaining against.

PLEASE PRINT, TYPE OR WRITE CLEARLY IN BLACK OR BLUE INK

1. COMPLAINANT INFORMATION

Mr. Ms./Mrs.

LAST NAME

FIRST NAME

MIDDLE NAME

ADDRESS: _____

CONTACT NUMBER: _____

EMAIL: _____

2. INFORMATION ABOUT SERVICE PROVIDER

NAME OF SERVICE PROVIDER: _____

ADDRESS: _____

COMPLAINT REFERENCE NUMBER: _____
If known

CONSUMER ACCOUNT NUMBER: _____
If known

3. THIS COMPLAINT RELATES WITH

Billing & charges The way a service was sold Faults & service problems

Unwanted calls & messages Other _____
(please specify)

4. DETAILS OF COMPLAINT – PLEASE DESCRIBE YOUR COMPLAINT

Please be as specific as you can.

5. SIGNATURE

I declare the information I have provided is true and accurate. I hereby authorize the ANC to investigate my complaint and to take it up with the service provider(s) and relevant agencies.

Signature of complainant  Date

For office use only		
Consumer Complaint Form Rev. 1.0		
Complaint register no.		Registration date:
Registered by		Regulatory officer:
Process status		