



NATIONAL TELECOMMUNICATIONS REGULATORY COMMISSION

(Form 1)  
COMPLAINT FORM

(For Official Use Only)

<b>Date received:.....</b> <b>Telecommunications Provider's</b> <b>Complaint No.....</b> <b>Prefixed Complaint No.....</b> <b>Date sent to respondent.....</b>
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**Please insert your details:**

1. Mr.  Mrs.  Miss  Ms  other.....
2. First Names.....
3. Surname.....
4. Address.....  
.....
5. Postal Address (if different from above).....
6. Address for service of documents (if different from above).....  
.....
7. Daytime telephone number(s).....
8. Fax number(s).....
9. Email address.....

**10. If an Attorney or Legal Counsel is acting for you please give details (all documents will be sent to your representative)**

Name of your Attorney or Legal Counsel .....  
.....

Address of your Attorney or legal Counsel .....

.....  
Daytime telephone number(s) of your Attorney or legal Counsel .....

Fax number(s) of your Attorney or legal Counsel .....

Email address of your Attorney or legal Counsel .....

**11. Please give the name and address of the Telecommunications Provider against whom this complaint is being brought**

Name of the Provider .....

Address of the Provider .....

.....

Postal address of the Provider (if different from above).....

Daytime telephone number(s) of the Provider.....

Fax number(s) of the Provider .....

Email address of the Provider .....

**12. Please give details/grounds of your complaint.....**

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(Please use additional paper if necessary)

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20[ ]

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**Applicant signature**