**Complaints Department**

 E-Mail: consumer@icasa.org.za

**COMPLAINT FORM**

|  |  |
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| **DETAILS REQUESTED** | **PLEASE TYPE/WRITE DETAILS IN SPACE PROVIDED** |
| **Please tick under Type of Service**  | **Telecommunication****Service** | **Broadcasting****Service** | **Postal****Service** |
|  |  |  |
| Name of service provider complained about e.g. Telkom, Vodacom, MTN, Cell C, SABC, Multichoice, SAPO etc. |  |
| Account number with your service provider |  |
| Reference no. received when you complained to your service provider |  |
| Telephone number that your complaint relates to |  |
| Tracking number for postal complaint  |  |
| Name |  |
| Surname  |  |
| Identity Number (ID) of complainant |  |
| Physical Address |  |
| Postal Address |  |
| Postal Code |  |
| Province |  |
| Contact Tel. |  |
| Email address |  |

**Brief description of your complaint**

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**Resolution sought**

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|  |
| **Signature: Date:**  |