**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:** |