



Independent Communications Authority of South Africa

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Complaints Department

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COMPLAINT FORM

DETAILS REQUESTED	PLEASE TYPE/WRITE DETAILS IN SPACE PROVIDED		
Please tick under Type of Service <div style="text-align: center; margin-top: 10px;">✓</div>	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

[Empty text box for complaint description]

Resolution sought

[Empty text box for resolution sought]

Signature:

Date: