

*COMPLAINT FORM*

**For: INDEPENDENT MEDIA COMMISSION**

**From:**

**Subject:**

**Date:**

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\* DESCRIPTION OF DOCUMENT  
Name of broadcasters.  
The date and time of the transmission of a program to which the complaint relates.  
Clear and specific statement that you believe the violations were made

*Name and surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Contact number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*E-mail:*