

COMPLAINT FORM

REFERENCE
(for completion by
Independent Media

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You are completing this form because you want the Independent Media Ombudsman to rule on your complaint. Once you have submitted this form the Independent Media Regional Editor will contact you to provide further assistance in completing the form, if necessary, possible settlement of the complaint or, if that fails within 10 days, referral for a ruling.

Personal Information:

Surname		Title	
First name(s)			
Occupation			
Identity Number:			
Postal Address			
Telephone daytime		Cell	
Fax		E-mail	

Details of the person on whose behalf you complain, if this is a third party complaint:

Surname			Title	
First name(s)				
Occupation				
Identity Number				
Postal Address				
Telephone daytime		Cell		
Fax		E-mail		

DETAILS OF THE COMPLAINT

Say what part of the article is a breach of the code and why

OUTCOME EXPECTED

(for example: "I want an apology")

Signature _____	Date _____
COMPLAINANT	
Signature _____	Date _____
WITNESS	