

CONSUMER AFFAIRS SECTION

Complaint Form

*Fill in this form if you would like the Consumer Complaints Section to address your complaint. You must file your complaint with the operator or service provider **first** before the MCA can intervene. For help to fill in this form please contact us on **21336840**.*

This form can either be filled in electronically [on screen] and emailed to customer@cares@mca.org.mt. Alternatively, you can print it, fill it in manually and post it to us via ordinary mail. Should you need further information, or require this form in a different format please do not hesitate to contact us on 21336840.

YOUR DETAILS			
Surname	Title		
First Name(s)			
ID / Passport No.			
Address (include postcode)			
Daytime phone			
Home Phone		Mobile	
Email			

DETAILS OF YOUR COMPLAINT

Name of Service Provider / Operator	
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PLEASE TICK TYPE OF SERVICE YOU ARE COMPLAINING ABOUT:

- | | | |
|---|--|-----------------------------------|
| <input type="checkbox"/> MOBILE TELEPHONY | <input type="checkbox"/> FIXED TELEPHONY | <input type="checkbox"/> INTERNET |
| <input type="checkbox"/> TELEVISION | <input type="checkbox"/> BUNDLES | <input type="checkbox"/> POST |
| <input type="checkbox"/> OTHER* | | |

**If you have ticked OTHER please specify the type of service: _____*

- When did you first notice that there might be a problem?

Day	Month	Year

- When did you first complain to the service provider or operator?

Day	Month	Year

- Has the service provider or operator sent you its final decision on your complaint in writing?

YES* NO

* If you have answered YES, please send us a copy of the final response letter from the service provider or operator with this form.

- Have there been any court/tribunal/arbitration proceedings relating to your complaint?

YES* NO

- Have you contacted any other authority about your complaint?

YES* NO

- **How would you like the service provider or operator you are complaining about to put the matter right for you?**

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YOUR PERMISSION FOR THE CONSUMER COMPLAINTS SECTION TO GO AHEAD

I would like the Consumer Affairs Section to consider my complaint. I confirm that:

- I have read and understood the way the Consumer Complaint Section at MCA operates and the extent to which the MCA may help me with my complaint;
- The MCA has my authorization to contact the service provider or operator with whom I have a dispute and to request copies of any documentation relating to my complaint;
- You will need to handle personal details about me, which could include sensitive information, in order to deal with my complaint effectively;
- You may need to exchange information about my complaint with other organizations;
- You handle complaints in a different way from courts, not usually requiring people to attend hearings in person but resolving disputes by correspondence/meetings;
- MCA may use the facts in my complaint as an example of where things can go wrong, but it will always respect my privacy and keep my personal information strictly confidential, except as authorized above.

- I hereby certify and confirm that to the best of my knowledge, the information furnished above is true, accurate, correct and complete.

COMPLAINANTS ARE REQUESTED TO SIGN HERE

Signature

Date

<p>Have you.....</p> <ul style="list-style-type: none">➤ Included everything you want to tell us about your complaint?➤ Enclosed copies of relevant correspondence or documents?	<p>Mail To....</p> <p>Consumer Complaints Section Malta Communications Authority Valletta Waterfront Pinto Wharf Floriana FRN 1913 Malta</p> <p>Tel: 21 336 840 E-Mail: customercare@mca.org.mt Website: www.mca.org.mt</p>
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