

**CONSUMER AFFAIRS SECTION**

***Complaint Form***

*This is the form you need to fill in if you want the Consumer Complaints Section to address your complaint. You must have first complained to the service provider first. For help to fill in this form please phone us on **21336840**.*

This form can be filled in electronically [on screen] and emailed to [customer@cares@mca.org.mt](mailto: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 any assistance, or require this form in a different format please do not hesitate to contact us on 21336840.

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



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### DETAILS OF YOUR COMPLAINT

Name of Service Provider	
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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?

Day	Month	Year

- Has the service provider 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 with this form.

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

YES\*                       NO



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- Have you contacted any other authority about your complaint?

YES\*

NO

\* If you have answered YES to either of the previous questions, please give details here:

- **SUMMARY OF YOUR COMPLAINT**

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

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**YOUR CONSENT TO THE CONSUMER COMPLAINTS SECTION**

By ticking this box I am hereby granting my consent to the Consumer Affairs Section to consider and 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 with whom I have a dispute and to request copies of any documentation relating to my complaint.
- I am aware that the MCA will need to handle personal data about me, which could include sensitive information, in order to deal with my complaint effectively.
- I am aware that the MCA may need to exchange information about my complaint with other organizations.
- I am aware that the MCA handles complaints in a different way from courts, not usually requiring people to attend hearings in person but resolving disputes by correspondence/meetings.
- I am aware that the 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 data strictly confidential, except as authorized above for the purpose of handling my complaint.



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- I am aware that any personal data found in this report is protected by the provisions of the Data Protection Act (Cap. 440) and of the General Data Protection Regulation (Regulation(EU) 2016/679) and that the Consumer Affairs Section shall solely process this data for the purpose of this report and shall undertake to implement all the appropriate measures and safeguards for the purpose of protecting the confidentiality and integrity of all data processed.
- **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"><li>➤ Included everything you want to tell us about your complaint?</li><li>➤ Enclosed copies of relevant correspondence or documents?</li></ul>	<p>Mail To....</p> <p><b>Consumer Complaints Section Malta Communications Authority Valletta Waterfront Pinto Wharf Floriana FRN 1913 Malta</b></p> <p><b>Tel: 21 336 840</b> <b>E-Mail: <a href="mailto:customercare@mca.org.mt">customercare@mca.org.mt</a></b> <b>Website: <a href="http://www.mca.org.mt">www.mca.org.mt</a></b></p>
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