



COMPLAINT FORM

INSTRUCTIONS:

- (1) Accomplish this application form properly, handwritten or computer-printed.
- (2) Attach the complete requirements including supporting documents. For the List of requirements, please refer to the **NTC Citizen's Charter** at the NTC website: ntc.gov.ph
- (3) Check (✓) appropriate box. Indicate "N/A" for items not applicable.

COMPLAINANT'S DETAILS

Name	
Postal Address	
Email Address	
Contact Number	

PARTICULARS OF SERVICE PROVIDER

Business Name	
Business Address	
Contact Number	

NATURE OF COMPLAINT

<input type="checkbox"/>	Billing Complaint	<input type="checkbox"/>	Poor Service (Technical Service/Customer Service)
<input type="checkbox"/>	Spam	<input type="checkbox"/>	Denial of Subscription Plan
<input type="checkbox"/>	Scam	<input type="checkbox"/>	Others, <i>please specify</i>
<input type="checkbox"/>	Fair Use		

Date of incident/transaction (mm/dd/yy)

Time of incident/transaction (hh:mm)

STATE BRIEFLY THE DETAILS OF COMPLAINT

ATTACHED PROOF/SUPPORTING DOCUMENTS

<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

NOTE

Complete information regarding the complaint, with the required supporting documents shall be provided for the Commission to determine the merit of the complaint, otherwise, it may cause delay in, or prevent the Commission from taking action on the complaint. The Commission may endorse the complaint to the concerned government agencies, if warranted. Information provided shall be used only in matters relative to the complaint.

Signature over Printed Name of the Complainant

Date Accomplished