

COMMERCIAL RADIO CODES OF PRACTICE - LISTENER COMPLAINT FORM

All program content on this station (music, news, talk, advertisements, etc) is regulated by the *Commercial Radio Codes of Practice (Codes)*. The Codes also provide a complaints process through which any listener can make an official written complaint to a station if he or she reasonably feels that the station has broadcast a program which breaches the Codes.

On receiving a valid complaint, the relevant station must resolve the complaint by writing back to the complainant at the address supplied. A complainant that's not satisfied with that response is entitled to refer the matter to the Australian Communications & Media Authority (**ACMA**).

You may use this form only if you wish to make a complaint to this station that a program we broadcast has breached the Codes. For a copy of the Codes, visit www.commercialradio.com.au or contact this station on 02 6862 1122 during office hours.

You must provide the information below so that we can process your complaint and respond to you as required by the Codes.

Please provide a summary of your complaint.

| A. PERSONAL INFORMATION | C. SUMMARY OF COMPLAINT |
|---|-------------------------|
| Title (e.g. Mr/Mrs) <input style="width: 50px;" type="text"/> Surname <input style="width: 150px;" type="text"/> | |
| Given Names <input style="width: 300px;" type="text"/> | |
| Address <input style="width: 350px;" type="text"/> | |
| State/Territory <input style="width: 80px;" type="text"/> Post Code <input style="width: 80px;" type="text"/> | |
| Phone: (optional) <input style="width: 80px;" type="text"/> Fax (optional) <input style="width: 80px;" type="text"/> | |
| <p><i>You must provide the information below so that we can carry out our internal investigations to identify the program complained about. Your complaint cannot be made more than 30 days after the broadcast.</i></p> | |
| B. COMPLAINT INFORMATION | |
| Name of Station <input style="width: 100px;" type="text"/> Listening Area <input style="width: 100px;" type="text"/> | |
| Name of Program <input style="width: 300px;" type="text"/> | |
| Time of Broadcast <input style="width: 80px;" type="text"/> Date of Broadcast <input style="width: 80px;" type="text"/> | |
| Complaint Issue <input style="width: 300px;" type="text"/> | |
| Code Provision (if known) <input style="width: 250px;" type="text"/> | |
| <p><i>Please sign the form and send it to this station using the contact details below</i></p> | |
| Signature | Date |

FAX COMPLETED FORM TO: "Attention: Station Manager", 02 6772 9942; or POST TO: "Station Manager 2AD, PO Box 270, Armidale, NSW 2350"