TIO COMPLAINT FORM



Before sending us this form, please try to resolve your complaint with your service provider.

If you have done this, and feel that you have not been able to reach a fair and reasonable resolution, please complete and send the form to us by:

Email tio@tio.com.au Fax 1800 630 614

Post PO Box 276, Collins St West VIC 8007

We will contact you and let you know the next steps. If your complaint is urgent, please call us on 1800 062 058. For more information about the TIO, see http://www.tio.com.au.

Privacy notice

- We collect personal information about you in order to contact you and handle your complaint. We will share your
 personal information with the telecommunications provider your complaint is about, who may also provide your
 personal information to us. That provider or its staff may be overseas.
- If you choose to provide us with sensitive information, for example information about your health, you consent to us collecting and disclosing that information unless you tell us otherwise.
- If you choose to remain anonymous or withhold information, we may not be able to handle your complaint.
- With your consent, or by law, we may provide your personal information to government agencies.
- We may also provide your personal information to third parties for the purposes of improving our services.
- You can access and correct personal information that the TIO holds about you and complain about a TIO privacy breach or how the TIO has handled your personal information.
- To find out more, the TIO's Privacy Policy at www.tio.com.au/privacy explains how the TIO collects, handles and protects personal information about you, including information obtained from your representative.

1. Your details:							
Family name (surname)	Mr/Mrs/Ms/Mis	s					
Given names							
Postal address							
	Suburb			State	Postcode		
Email address							
Phone number (main contact)	Phone number			(alternative contact)			
What type of consumer are you?	Resid	ential business - what type?	02				
Are you the account holder for the account holder is the person				is legally respons	sible for the service.		
	\vdash	– continue to Sec – continue compl	ction 2 eting the form but ask th	ne account holder	to complete Section 4		

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Telecommunications Industry Ombudsman COMPLAINT FORM *continued*

2. Details of telecommunications service:
Name the service provider (the phone company or internet service provider) that you have a complaint about.
What kind of service is your complaint about? <i>Please tick</i> (✓) landline
mobile
mobile premium service, e.g. ring tones
internet
What is the identifying information for this service, e.g.
for landlines and mobiles – the telephone number, order number, account number or address? for internet continue, the upon or long in pages, order number, account number or address?
for internet services – the user or log in name, order number, account number or address?
3. Your complaint:
Have you contacted the TIO before?
No No
Yes, but about a different complaint.
Yes, about this complaint: What is your TIO reference number?
Who did you speak with at the TIO?
Please explain your complaint (if you need more space, you can attach a separate sheet):
The state of the s

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Telecommunications Industry Ombudsman COMPLAINT FORM *continued*

3. Your complaint ((continued):
How has the service pro	ovider responded to your complaint? (if you need more space, you can attach a separate sheet)
How would you like the	service provider to resolve your complaint? (if you need more space, you can attach a separate sheet)
Do you have written doo	cuments about your complaint?
No – continue to	Section 4
	ies of your documents with this form, e.g. bills, contracts, or letters
and emails send us one	between you and the service provider. If you are disputing the same charge on every bill, you need only e example.
4 Authorization fo	um fou a third newly to represent an appoint helder about a complaint.
4. Authorisation to	rm for a third party to represent an account holder about a complaint:
MPORTANT NOTES:	
	REE SERVICE for consumers: paid representation is not required. to complete and send us this part of the complaint form if you want another person to act on your
As the account holder fo	or: please tick appropriate type of service (✓)
landline	telephone number
mobile	telephone number

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Telecommunications Industry Ombudsman COMPLAINT FORM *continued*

Name			, authorise	the Telecom	munica	tions Industry	Ombudsma
nd Name of telecommunications com	oany involved with con	nplaint					
o deal with the representative I	have named b	pelow in all mat	ters relating to my comp	laint.			
understand that the TIO's Priv	acy Policy (ww	w tio com au/n	rivacy) explains how the	TIO collects	s handl	es and protect	ts
ersonal information about me	(including infor	mation the TIO	collects from my repres	entative).	o, mamai	oo ana protoo	.0
accept that information about information about information about my health), m			formation that may inclu	ide sensitive	e informa	ation (for exan	nple,
 by my representative to 	•		vider				
by the TIO to my repre	sentative and t	the service pro	vider				
by the service provider	to the TIO and	d my represent	ative.				
confirm that the TIO and the se	ervice provider	can contact m	y representative to discu	uss the resol	lution of	my complaint	
igned							
Date							
ostal address							
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on all a delana	Suburb			State		Postcode	
imail address			Dhana niimhar (altar		4\		
Phone number (main contact)			Phone number (alter	native conta	act)		
ly representative is:							
	Mr/Mrs/Ms/Miss						
ame							
	Suburb			State		Postcode	
Name Postal address Email address	Suburb			State		Postcode	

Please return this completed form to:

Telecommunications Industry Ombudsman Limited

Freecall: 1800 062 058 (Calls from mobiles will be charged at the applicable rates. If you are calling from a mobile, you can

ask us to call you back.)

TTY 1800 675 692

National Relay Service: <u>www.relayservice.com.au</u> or call on 1800 555 677 then enter/ask for 1800 062 058

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