

COMPLAINTS BY CONSUMERS
CONSUMER INFORMATION FORM

CONSUMER INFORMATION

Name/Contact

Email

Phone (Day Time)

Phone (Alternative)

Organization

Street

City

Country

SERVICE PROVIDER INFORMATION

Service Provider

Account ID:

(required)

(required)

NATURE OF COMPLAINTS

- | | | | |
|--------------------|--------------------------|----------------------------|--------------------------|
| 1. BILLING | <input type="checkbox"/> | 2. TERMINAL EQUIPMENT | <input type="checkbox"/> |
| 3. SERVICE QUALITY | <input type="checkbox"/> | 4. WARRANTY | <input type="checkbox"/> |
| 5. DISCONNECTION | <input type="checkbox"/> | 6. OTHERS (Please specify) | <input type="checkbox"/> |

LIST OF COMPLAINTS

Have you reported this Complaint to the Service Provider? Yes No

(TCI TELECOM can only process complaints that have been first filed with the service provider)

How was the complaint made?

To what person/department was the complaint made?

When was the complaint made?

Do you have any documents to Support this claim? Yes No (if yes please submit)

All Consumers are advised to NOTE that the above information is provided to help TCI TELECOM resolve complaints with their service provider. Please attach copies of relevant documents such as contract papers, warranty, receipts, last bill paid, etc. as the case may be.

THANK YOU



P.O. BOX 203

BUSINESS SOLUTION COMPLEX

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