

## **COMPLAINTS FORM**

You are strongly advised to read carefully the TG4 Code of Practice for Handling Complaints prior to filling this form.

Name:	
Address:	
Telephone:	
E mail:	
Programme Type: (Specify one of these: News, Current Affai	rs, Programme, Commercial
Communication)	
Programme Title (which you personally have viewed)	
Date and time of broadcast on TG4:	
Details of the cause of your Complaint: ( =which of the dutie	s specified in Para 1 of the
Code has been breached, in your opinion)	
Complainant's Signature:	

Date: \_\_\_ / \_\_\_ / \_\_\_