

CODE COMPLAINT FORM

PERSONAL INFORMATION

Title:

First name:

Surname:

House/Unit No and Street:

Suburb/Town:

State:

Postcode:

Area Code and Phone No:

Fax No:

YOUR COMPLAINT

Station:

Location:

Program title or advertiser/product:

Date & Time of broadcast:

Complaint issue:

Code provision (if known):

COMPLAINT SUMMARY

Please sign here

Date

Post or fax this form to you nearest Southern Cross Station. See the "Contact Us" section of our website at www.scmmedia.com.au for address details.

Privacy Note: The information in your complaint, including your name and address, will be disclosed to relevant staff of the broadcaster concerned during the course of investigating your complaint.

If you do not include your name and address details the broadcaster will not be able to respond to your complaint.