



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 Affairs, 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 duties specified in Mar 1 of the Code has been breached, in your opinion)

Complainant's Signature: _____

Date: __/__/__