



COMPLAINT FORM

Name

Street address

Suburb

State

Postcode

Primary phone number

Other phone number

Email address

Complaint Lodged Against

- Newspaper
- Website
- Other

If you ticked Other, please provide details _____

Name of newspaper/website

Headline of item of complaint

Explain briefly your complaint

Attach copy of article/s if applicable

- Tick if attached*

Signature

Date

Post this form to:

Independent Media Council, PO Box 3020, KINGSLEY WA 6026