

COMMUNICATIONS REGULATORY AUTHORITY OF NAMIBIA

No. 129

2011

**PUBLICATION OF FORMS REFERRED TO IN THE
REGULATIONS REGARDING CONSUMER COMPLAINTS**

The Board of the Communications Regulatory Authority of Namibia , in terms of the Regulations Regarding Consumer Complaints, prescribed the content of the various forms.

The regulations require the Authority to make the forms available. Accordingly, the following two (2) forms are herewith published in the *Government Gazette*:

1. Complaint Form: Consumer Complaints and
2. Report Form: Consumer Complaints

The Authority will also make the forms available on its website, where they may be downloaded free of charge.

L. JACOBS
CHAIRPERSON
BOARD OF THE COMMUNICATIONS
REGULATORY AUTHORITY OF NAMIBIA

**COMPLAINT FORM
CONSUMER COMPLAINTS**

In terms of Regulation 4 of the Regulations Regarding Consumer Complaints, consumer Complaints must be submitted on this form, after the Respondent has been given fourteen (14) days to first resolve the matter.

Was this complaint first submitted to the Respondent? _____

If yes, what date was it submitted to the Respondent? _____

If no, first submit a complaint to the Respondent and allow the Respondent fourteen (14) days to resolve the matter, alternatively provide a clear and concise statement of the reason why the complaint was not first submitted to the Respondent.

After completing this form, sign it and submit it to the Authority as required by the Regulations Regarding Consumer Complaints.

A. COMPLAINANT

Complainant	
Physical Address	
Postal Address	
Telephone number(s)	
Facsimile number(s)	
Electronic mail address(es)	

B. CONTACT PERSON (IF DIFFERENT FROM COMPLAINANT)

Contact Person	
Physical Address	
Postal Address	
Telephone number(s)	
Facsimile number(s)	
Electronic mail address(es)	

C. RESPONDENT

Respondent	
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D. COMPLAINT

Provide an accurate and concise statement of the facts illustrating the Complaint and demonstrating that the Respondent acted wrongly.

E. RELIEF SOUGHT

Provide a clear and concise statement of the specific relief or remedy sought.

F. ANY OTHER INFORMATION

Provide any other relevant information.

Signed by _____ at _____ in his/her capacity as _____, duly authorised and warranting such authority and warranting that the information provided herein is true and correct, on the _____ day of _____, 20__.

Signature

ACKNOWLEDGEMENT OF RECEIPT BY CRAN:

Name:	
Date:	
Place:	
Signature:	

**REPORT FORM
CONSUMER COMPLAINTS**

In terms of Regulation 4(3) of the Regulations Regarding Consumer Complaints, licensees and persons providing services without a licence must maintain records of all complaints and provide an annual report to the Authority on this form.

After completing this form, sign it and submit it to the Authority by no later than 31 January for the previous calendar year.

A. LICENSEE OR PERSON PROVIDING A SERVICE WITHOUT A LICENCE

Name	
Indicate whether the person is a licensee or a person providing a service without a licence	

B. CONTACT PERSON

Contact Person	
Physical Address	
Postal Address	
Telephone number(s)	
Facsimile number(s)	
Electronic mail address(es)	

C. COMPLAINTS STATISTICS

Number of complaints received	
Number of Complaints resolved within 14 days	
Number of Complaints resolved after 14 days	
Number of complaints not resolved after 14 days	
Number of complaints not resolved after 14 days, which were subsequently submitted to the Authority	
Nature of complaints most received (eg, billing, charges, service and product delivery, confidential information, customer service, service interruptions and dropped calls)	1.
	2.
	3.
Any preventative measures taken in response to complaints	
Any other relevant information	

D. COMPLAINTS SUBMITTED TO CRAN

Complainant	Nature of Complaint	Date Received	Resolution or Status

E. UNRESOLVED COMPLAINTS NOT SUBMITTED TO CRAN

Complainant	Nature of Complaint	Date Received	Resolution or Status

Signed by _____ at _____ in his/her capacity as _____, duly authorised and warranting such authority and warranting that the information provided herein is true and correct, on the _____ day of _____, 20__.

Signature

ACKNOWLEDGEMENT OF RECEIPT BY CRAN:

Name:	
Date:	
Place:	
Signature:	
