



TELECOMMUNICATIONS REGULATORY COMMISSION

CONSUMER COMPLAINT FORM

P.O. Box 4401 or 27 Fish Lock Road, 3rd Floor
Road Town, Tortola, British Virgin Islands VG 1110
Tel: (284) 468 4165 Fax: (284) 494 6786;
E-mail: consumer_complaint@trc.vg

Date/Time

Mr. Mrs. Miss Ms. Other

First Name Last Name

Title / Position Account number

Street Address

Postal Address (if different from above)

Address (cont.)

City Country

Telephone (Residential or Business) Fax E-mail

If a representative is on your behalf please give details (all documents will be sent to your representative)

Name.....

Address.....

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Postal address (if different from above).....

Address for service (if different from above).....

Daytime telephone number (s).....

Fax number(s).....

Email address.....

Name of Telecommunications Service Provider against which complaint is made

- BVI Cable TV
- CCT Global Communications
- Digicel
- LIME
- Other

Nature of Complaint

- Quality of Service
- Billing and Rates
- Terms of Use/Terms & Condition
- Marketing/Advertising
- Equipment
- Others

Detail description of complaint

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Date on which problem occurred
dd/mm/yyyy

Have you contacted the company regarding your complaint? If yes, who

- Yes
- No

Contact Person in Organization

Enclose related correspondence and/or evidence related to such a contact.

Do you have any Documents to support your claim? If yes, please enclose

- Yes
- No

FOR OFFICIAL USE:

Date received

Status of Claim (date – dd/mm/yyyy):

Open.....

Close

Outcome of complaint.....

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Rejected.....

Complaint forwarded to.....

Date complaint forwarded (dd/mm/yyyy).....

Date processed Processed by (Initial)

FOR INVESTIGATION PURPOSE:

Open..... Signature

Close Signature

Outcome of complaint.....

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Rejected..... Signature

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Complaint forwarded to.....

Date complaint forwarded (dd/mm/yyyy).....