



# Telecommunications Industry Ombudsman (TIO)

Providing free, independent, just, informal, speedy resolution of complaints

## TIO complaint form

**Before sending us this form, please try to resolve your complaint with your service provider.**

If you have done this, and feel that you have not been able to reach a fair and reasonable resolution, please complete and send the form to us by:

- ➔ Fax – **1800 630 614**
- ➔ Post – **PO Box 276 / Collins St West / VIC 8007**
- ➔ Email – [tio@tio.com.au](mailto:tio@tio.com.au)
- ➔ or by visiting us at – **Level 3, 595 Collins Street, Melbourne Victoria Australia**

### 1. Your details

Title	Family name (surname)	Given names	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Street address		Suburb	Postcode
<input type="text"/>		<input type="text"/>	<input type="text"/>
Daytime phone number	After hours phone number	Mobile number (if you have one)	
( ) <small>Please put your area code in the brackets</small>	( ) <small>Please put your area code in the brackets</small>	<input type="text"/>	
Email address (if you have one)			
<input type="text"/>			

What type of consumer are you? Please mark the relevant box

- Residential  Small business  Other - what type? \_\_\_\_\_

How did you hear about the TIO? e.g. from a friend or family member, the newspaper, radio, TV etc.

### 2. Details of telecommunications service

What is the name of the service provider - the phone company or internet service provider that you have a complaint about?

What kind of service is your complaint about? Please mark the relevant box

- Landline  Mobile  Mobile premium service, e.g. ring tones  Internet

What is the identifying information for this service, e.g.

- for landlines and mobiles, the telephone number, order number, account number or address?
- for internet services, the user or logon name, order number, account number or address?

### 3. Are you the account holder for the telecommunications service?

The account holder is the person who signed or otherwise agreed to the contract and is legally responsible for the service.

- Yes. Please go to question 4  No – please ask the account holder to complete Page 3 of this form

**Please go to page 2 and tell us about your complaint**





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### 8. Do you have written documents about your complaint?

- No. Please go to question 9     Yes – please provide copies of your documents with this form, for example bills, contracts, or letters and emails between you and the service provider

### 9. How to lodge this form

Use our contact details at the top of Page 1 to fax, post or deliver this form and other documents (including Page 3 if you are not the account holder).

### 10. What happens next?

We will contact you within approximately 7 days and let you know the next steps.

If your complaint is urgent, please call our contact centre on 1800 062 058.

See [www.tio.com.au](http://www.tio.com.au) for more about the TIO.



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**Authorisation form for a third party to represent an account holder about a complaint**

**IMPORTANT NOTE:** you only need to complete and send us this part of the complaint form if you want another person to act on your behalf for your complaint.

As the account holder for landline/mobile/internet service \_\_\_\_\_  
select appropriate type of service write the telephone number, internet username or account number

I, \_\_\_\_\_, authorise the Telecommunications Industry Ombudsman  
name

and \_\_\_\_\_  
name of telecommunications service provider involved with complaint

to deal with my representative, the third party named below, in relation to this account – for the purposes of receiving, investigating, facilitating the resolution of, and/or determining my complaint.

I understand that the TIO will provide personal information supplied by my representative to the telecommunications company concerned.

I understand that the TIO is a free and independent alternative dispute resolution scheme for small business and residential consumers who have complaints about their telephone or internet service provider.

Signed by: \_\_\_\_\_

Date: \_\_\_\_\_

**My representative is:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone contacts: \_\_\_\_\_