

SAMPLE ONLINE COMPLAINT FORM

Have You contacted your Service Provider and are not satisfied ?

Yes No

If yes, please fill out this form properly and click the submit button.

If no, please contact the serviceprovider before contacting the LTA, to shorten the process of your complaint.

Date of first Complaint to the Service Provider YYYY-MM-DD format (e.g. 2013-04-08)

Complaint Ticket Number

Service Provider

Type of Complaint

Billing Call Center/Customer Care Call Set-Up Faulty
Terminal Health Issues Internet Service Promotions Recharge
Card SMS/MMS SIM Value-Added-Services (VAS) 3G
Services CLIP/CLIR Mobile Number Portability Other

Your Name (required)

Type of Complaint

Your Email (required)

Subject

Complaint Details

What would you like LTA to do?

- Investigate and resolve the issue
- Provide me with information
- Educate me on my right as a consumer

Send