



**UGANDA
COMMUNICATIONS
COMMISSION**

Consumer Complaints Form

Uganda Communications Commission
Plot 42-44 Spring Road, Bugolobi,
P O Box 7376, Kampala, Uganda
Toll free: 0800133911
Tel: +256-41-4339111; +256-31-2339000
Fax: +256-41-4348832
Email: ucc@ucc.co.ug
Website: www.ucc.co.ug

Please Note: As part of the complaint handling process, the Commission may send a copy of this form to the company against whom your complaint is filed. For faster handling of your complaint please endeavor to give accurate information.

PART A

PARTICULARS OF COMPLAINANT

Full Name: Date:

Address: P. O. Box. City/District/Town:

Telephone No.: Mobile:

Email:

Nature of Business or if Personal/Individual:

PART B

COMPLAINTS INFORMATION

Service Provider Complained Against:

Type of Service/Product purchased:

(Please select the category that best describes your complaint)

- | | |
|---|--|
| <input type="checkbox"/> Billing dispute | <input type="checkbox"/> Non delivery of mail |
| <input type="checkbox"/> Unsolicited text messages/calls | <input type="checkbox"/> False and misleading advertisements |
| <input type="checkbox"/> Caller ring back tunes | <input type="checkbox"/> Intrusion of Privacy |
| <input type="checkbox"/> Quality of service issues | <input type="checkbox"/> Internet/GPRS issues |
| <input type="checkbox"/> Mobile Money Services | <input type="checkbox"/> Poor Customer Service |
| <input type="checkbox"/> Access to Customer care services | <input type="checkbox"/> Airtime loading |
| <input type="checkbox"/> Promotions | <input type="checkbox"/> Broadcasting |
| <input type="checkbox"/> Other (Please specify) | |

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PART C
FACTS/EXPLANATION OF THE COMPLAINT

(Briefly narrate the complaint or alleged practice by the Service Provider)

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PART D
VERIFICATION

Have you exhausted the complaints mechanism provided by your service provider?

Yes - Please indicate date you reported your complaint to your service provider and reference number

No - Kindly forward your complaint to your service provider

Indicate the remedy sought:

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Name/Contact of person Complained to (if applicable):.....

Have you taken any legal Action?

No,

Yes, With whom/current status?.....

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COMPLAINANT DECLARATION;

I/We hereby declare that the information provided herein is true

Date: Signature(s):

Note: Please attach all relevant document(s) to support your complaint(s)

FOR UCC USE ONLY.

UCC Complaints Ref:

UCC Officer complained to:

ACTION TAKEN:

ACTION	REMARKS	DATE
Forwarded to user Department		
Forwarded to Service Provider		
Complaint withdrawn/discarded		
Resolved and closed		
Others (Please specify)		

Comments.....

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