

VMCZ COMPLAINT FORM

A. COMPLAINANT INFORMATION:

Date of Complaint: -----

Name of Complainant: -----

Mailing Address of Complainant:-----

Phone Number of Complainant: -----

E-mail Address of Complainant:-----

Sex: Female Male Other Specify

Employment Status: Employed Unemployed Self Employed

B. PUBLICATION INFORMATION:

My complaint is against:

Name of Publication/Broadcaster:-----

Name of Media Practitioner (if known): -----

Date of Publication/Broadcast: -----

Please list the headline/s, or name of the item/s to which your complaint relates, the page number/s of the publication, (website link/s) and edition/s or the time/s of broadcast

C. MAIN DETAILS OF THE COMPLAINT

From your judgement- What code of conduct was violated by the media publication/practitioner? Tick Most Appropriate.

Code of Conduct Violated		Code of Conduct Violated	
Accuracy		Interviewing or photographing of children	
Fairness / Balance		Surreptitious gathering of information	
Consent		Plagiarism	
Right of Reply		Intrusion into Grief or shock	
Invasion of Privacy		Other-Specify	

State, in the space provided below, the main details of your complaint (If the space below is not sufficient please attach additional pages):

Do you have a direct association with the matter or person/s or institution/s referred to in the article and in the complaint? YES NO and if YES Specify below

Are the issues which are the subject matter of this complaint against the publication concerned pending at present before any court of law? YES NO

D. CONTACT WITH THE PUBLICATION

Have you contacted the individual, publication or broadcaster about the matter? If so, in what manner, and when?

If not, why?

What response have you had from the publication or broadcaster if any?

E. From your judgement- What redress would best meet your complaint?

Redress/ Resolution	Tick Most Appropriate
Right of Reply	
Apology	
Retraction	
Audience with Editor	
Correction	
Other- Specify	

Signature: ----- Date: -----