



# Media Council of Malawi

## FORM B

### COMPLAINT FORM

REFERENCE (for completion by MCM (ECDC))

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You are completing this form because you want the MCM Ethics, Complaints and Disciplinary Committee (ECDC) to rule on your complaint. Once you have submitted this form the MCM Executive Director will contact you to provide further assistance in completing the form, if necessary, possible settlement of the complaint or, if that fails within 10 days, referral for a ruling.

#### Personal Information:

Surname			Title	
First name(s)				
Occupation				
Identity Number:				
Postal Address				
Telephone daytime		Cell		
Fax		E-mail		

#### Details of the person on whose behalf you complain, if this is a third party complaint:

Surname	First name(s)			Title	
Occupation	Identity Number				
Postal Address					
Telephone daytime		Cell			
Fax		E-mail			



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## DETAILS OF THE COMPLAINT

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

Signature: \_\_\_\_\_

COMPLAINANT

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

Signature \_\_\_\_\_

WITNESS



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Sa what part of the article is a breach of the code

Outcome expected (for example: "I want an apology")