



Application to use the ATVOD Complaints Procedure

Please read the accompanying guidance notes carefully before you fill in and return this form. These should have been sent to you by the ATVOD member who supplies your on demand service (“the **supplier**”) and they are also available on the ATVOD website [www.atvod.org.uk]. Please contact ATVOD at the address given at the end of this form if you would like us to send you an additional copy. When returning this form, please also send us a copy of all correspondence with the supplier concerning your complaint.

You cannot use the ATVOD complaints procedure unless you have first tried to resolve your complaint with the supplier direct and either it has not been resolved to your satisfaction within 20 working days after you have provided the supplier with full details of the complaint or the supplier has indicated in writing that the complaint should be settled by ATVOD.

Please fill in this form in BLOCK CAPITALS using black ink.

1 Your details

Please give your details below.

<p>Your full name:</p> <p>Your address:</p>
--

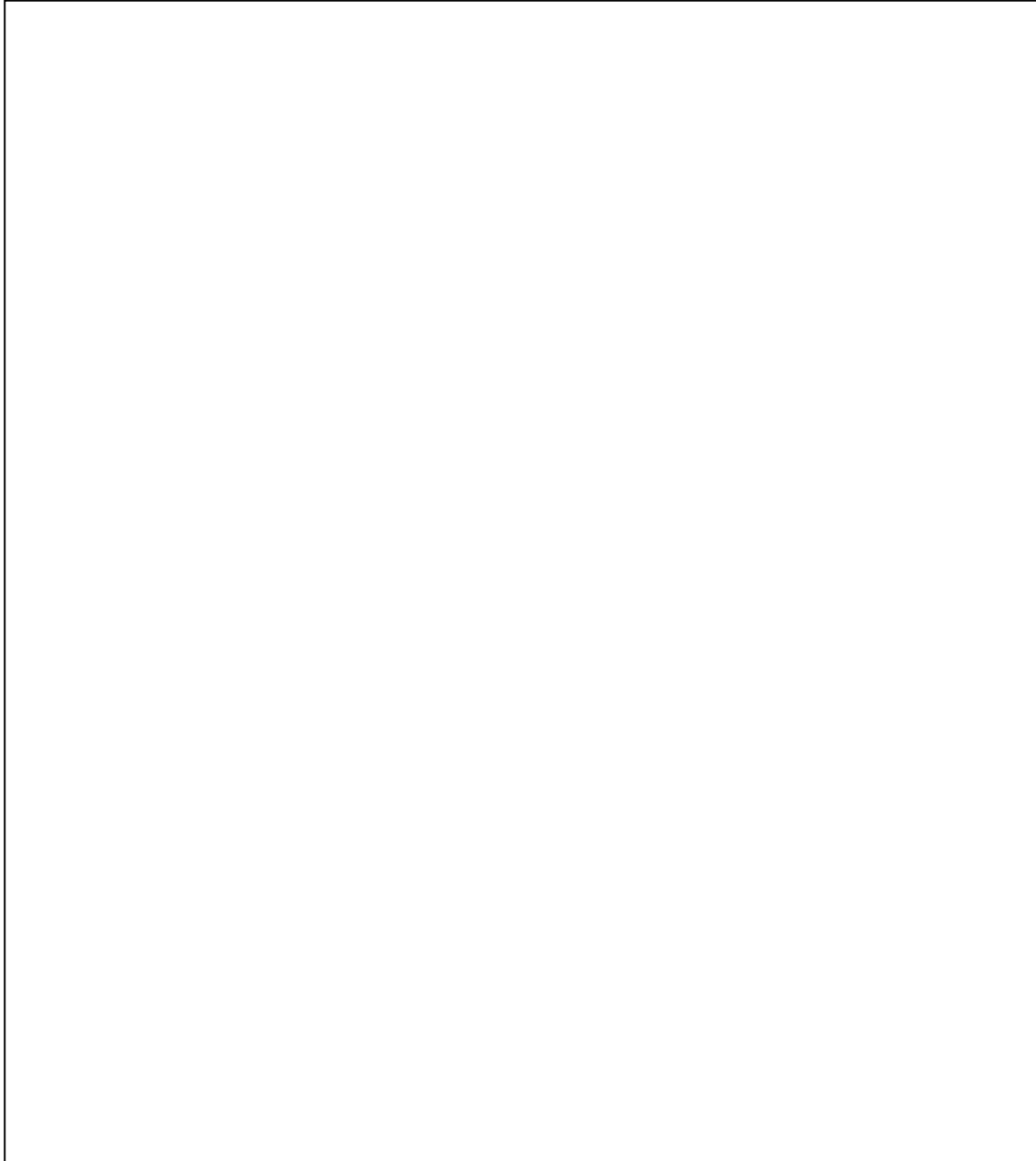
Name of supplier

Customer reference number:
(either the number on your contract with the supplier or the complaint number given by the supplier, if different)

When did your complaint arise?

When did you first notify the supplier about your complaint?
(this 10 must be within 10 working days after the cause of the complaint arose)

In the space below, please tell us about your complaint, giving as much information as possible.

A large, empty rectangular box with a thin black border, intended for the user to write their complaint. The box is currently blank.

What have you asked the supplier to do? (Tick all the boxes that apply.)

Rectify the problem

Give you an assurance that
the problem will not re-occur

Give you a refund

Pease specify

Take some other action

Please specify

2 Representative's details

If you have a representative acting for you, please give details below. If you do not have a representative, go to part 3. The ATVOD complaints procedure does not require you to appoint or use a representative.

Representative's name:

Representative's address:

Phone number:

Fax:

E-mail address:

3 Declaration

Please read the statements below before signing this form.

- I have read and understood the ATVOD Complaints Procedure guidance notes
- I have tried to resolve my complaint through the supplier's own complaints procedure and either it has not been resolved satisfactorily within 20 working days of my bringing it to their attention and supplying them with full details or the supplier has indicated in writing that the complaint should be settled by ATVOD
- I am enclosing a copy of all correspondence with the supplier concerning my complaint

Your signature (or the signature of your authorised representative):

Date:

Please return this form to us at:

The Association for Television on Demand Ltd
PO Box 561
Walton on Thames
KT12 9DA
www.atvod.org.uk