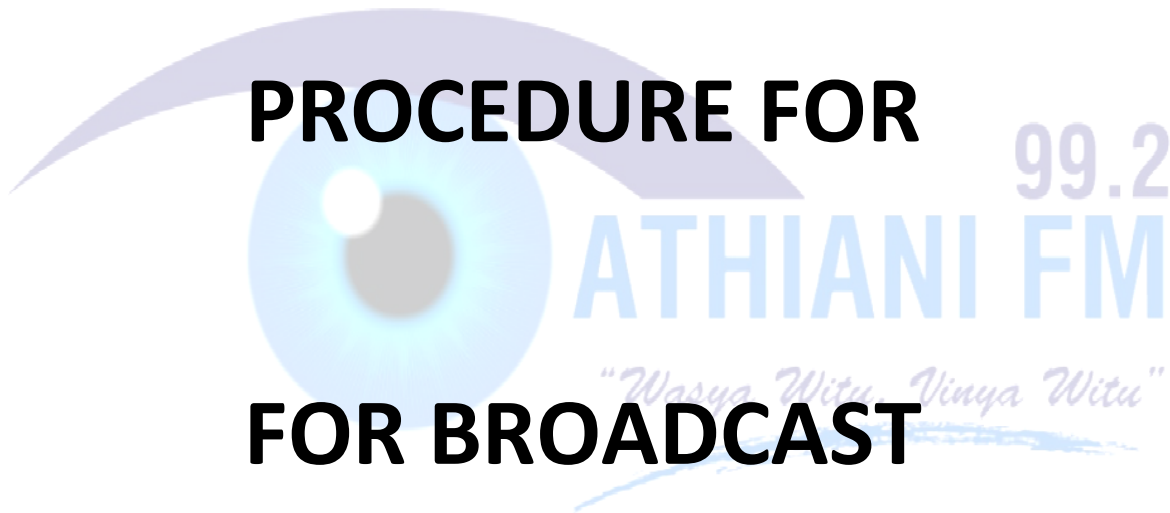


ATHIANI HOLDINGS LIMITED – ATHIANI FM

COMPLAINTS HANDLING

PROCEDURE FOR

FOR BROADCAST



CONTENT

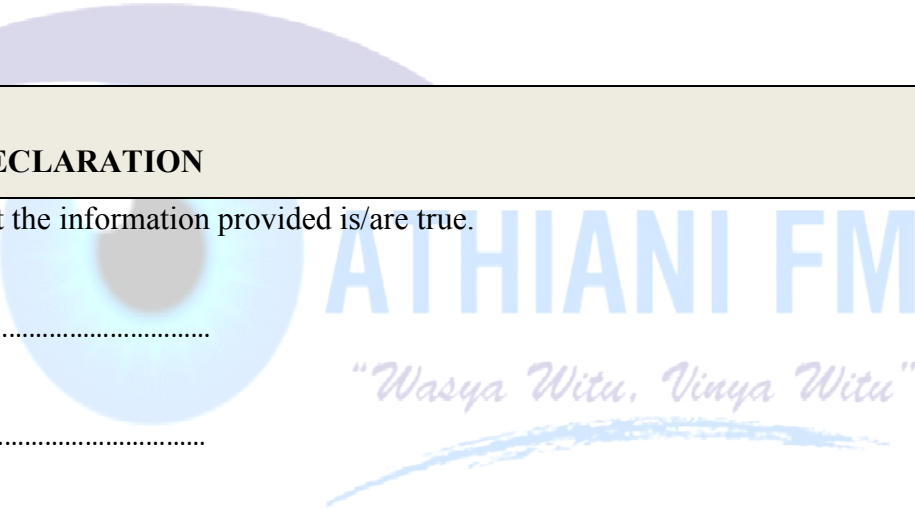
AHL/PRG/2017/01

ATHIANI HOLDINGS LIMITED
COMPLAINT HANDLING PROCEDURE

ANNEX 1

FORM AHL/PRG/2017/01 - NOTICE OF COMPLAINT

PARTICULARS OF COMPLAINANT	
Name:	
ID No./Passport No./Company Registration No:	Office No: Mobile: Email address :
Postal Address:	
Particulars of offending Broadcaster	
Name of company:	
Postal Address:	
Email Address:	
Physical Address:	
Have you referred the complaint to any of the following parties (please tick (✓)):	
<input type="checkbox"/> Athiani Holdings Limited (ATHIANI FM)	
<input type="checkbox"/> Media Council of Kenya	
<input type="checkbox"/> Communications Authority of Kenya	
<input type="checkbox"/> Others/specify	
Contact Person authorized to receive and handle complaints	

Complaint Details:	
Sections of Regulations/Code you believe have been breached:/Grounds of complaint:	
Supporting Documents:	
Remedy sought:	
COMPLAINANT DECLARATION	
I/We hereby agree that the information provided is/are true.	
Date	
Signature/	
(insert company rubber stamp or seal)	
FOR OFFICIAL USE ONLY	
Complaint No.....	
Date Case Received.....	

History of Resolution (tick(√))

- Dissatisfied with ATHIANI FM's remedy
- No response from ATHIANI FM
- Has not first contacted ATHIANI FM

Recommended way forward:

- To be attended to by COMMUNICATIONS AUTHORITY OF KENYA (CA)
- Not complete. Request complainant to submit Missing Information

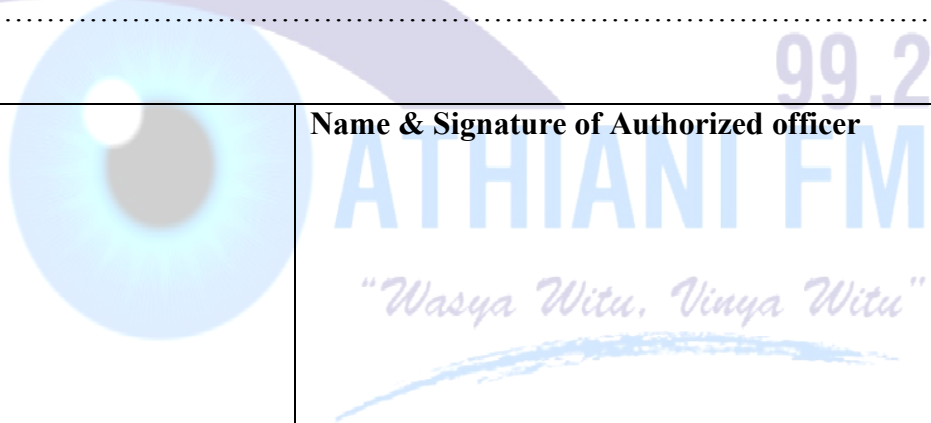
.....
.....

- Rejected (To be first referred to the ATHIANI HOLDINGS LTD – ATHIANI FM)

- Others.....

Date:

Name & Signature of Authorized officer



GUIDE TO FILLING-IN FORM AHL/A/BCAST/COMP-01 – INSTRUCTIONS TO COMPLAINANT

1. Particulars of Complainant

- (a) The complainant shall fill in his/her name in full, details of identity documents (ID/Passport Number) telephone number and mailing address.
- (b) If the complainant is a corporate body, the claimant shall provide the registered company name, company registration number, registered address and business address.

2. Particulars of Broadcasting Station

- (a) The complainant shall fill in the particulars of the broadcasting station namely: Name of the broadcasting station, name of service, broadcasting area, and address in the column provided.

Complaint Details

- (a) The complainant should provide a general explanation as to the origin of the complaint including a brief statement of facts in chronological order and the points at issue. Where relevant, if the complainant is a corporate body or a business, please provide the details of the business address or branch which raised the complaint.

3. Supporting documents

- (a) Please enclose all relevant documents including but not limited to any letters, contract or agreement as proof if any which relates to the complaint.
- (b) The supporting documents shall include any correspondence or document as proof of prior attempts to resolve the matter with broadcaster.
- (c) Where a complaint is with respect to broadcast content, the complainant must indicate the date/time/programme name / and location. Where possible clauses of the Regulations/Code, or recordings of the broadcasts may be included.

4. Remedy

- (a) The complainant shall fill in the remedy sought from the broadcaster.

(b) The complainant is reminded that the remedy sought should be reasonable and realistic.

5. General

(a) If the space provided is insufficient, please continue on a separate sheet of paper and write “see overleaf”. Any separate sheet of paper used should be attached to this Form and duly signed.

(b) Having filled in the form, the complainant shall sign this Form personally. In the case of corporate body, this Form shall be signed by a duly authorized officer of the Company. The company rubber stamp should also be affixed to the signature accordingly.

(c) The Form shall be delivered to the Authority’s office either by hand/post/fax. Scanned copies of dully signed forms may be sent by email.

