

## 3HCR - High Country Radio Omeo Shire Community Access Radio (O.S.C.A.R.) Inc. Reg No. A0015608 A

PO Box 86 Omeo Vic 3898 ABN 46 876 068 071 oscarefem@gmail.com

## 3HCR - High Country Radio Omeo Shire Community Access Radio (OSCAR Inc.) Complaint Form

Remember to treat all complaints from the public in a serious and polite manner. The person would not bother to make the complaint unless they held a genuine interest in the station and felt they had legitimate concerns. Do not be dismissive of their approach to the station. Assure them that their complaint will be taken seriously and will be dealt with professionally and according to established policy.

| Nature of Complaint                                    |   |                                |                            |
|--|---|--------------------------------|----------------------------|
| A complaint should relate be relayed to your insurance | to a Code of Practice. NB: Cor<br>ce company immediately. | mplaints relating to potential | y defamatory material must |
|  |   |                                |                            |
|  |   |                                |                            |
|  |   |                                |                            |
|  |   |                                |                            |
|  |   |                                |                            |
|  |   |                                |                            |
| Program associated with                                | complaint:  |                                |                            |
|  |   |                                |                            |
| Date and Time of Progra                                | m Broadcast:  |                                |                            |
|  |   |                                |                            |
| Contact Details of Complainant                         |   |                                |                            |
|  |   |                                |                            |
| Name of person making                                  | the complaint:  |                                |                            |
|  |   |                                |                            |
| Address:   |   |                                |                            |
|  |   |                                |                            |
|  |   |                                |                            |
| Telephone:   | B:  | Н                              | Mob:                       |
| Email:   |   |                                |                            |