



Talian Aduan/Complaint Hotline: 1 800 888 030 Faks/Fax: 03 8688 1880  
e-aduan: <http://aduan.skmm.gov.my> emel: [aduanskmm@cmc.gov.my](mailto:aduanskmm@cmc.gov.my)  
SMS: SKMM ADUAN [Complaint Details] sms to 15888

**Form 1 - Notification of Complaint**  
Complaint No./No.Aduan :.....

<b>Particulars of Complainant/Maklumat Pengadu:</b>	
Name>Nama:	
NRIC No./Company Registration No: No. KP/No. Pendaftaran Syarikat	Telephone No: No. Telefon
Address: Alamat	
<b>Particulars of Service Provider (if applicable)/Maklumat pemberi perkhidmatan :</b>	
Name of company>Nama syarikat:	
Business Address: Alamat Syarikat	
Have you referred the complaint to any of the following parties (please tick): Sudahkah anda merujuk aduan ini kepada mana-mana pihak seperti di bawah (sila tanda): <ul style="list-style-type: none"><li><input type="radio"/> Service provider/Pemberi perkhidmatan</li><li><input type="radio"/> Industry forum (Consumer/Content/Access)/Forum industri (Pegguna/Kandungan/Capaian)</li><li><input type="radio"/> Others/Lain-lain .....</li></ul>	
Complaint Details/Butir-butir Aduan:	
Account Num./No. Akaun:	
Supporting Documents: Dokumen tambahan	
Remedy: Tuntutan	
<b>Complainant Declaration/Pengakuan Pengadu:</b>	
I/We hereby agree that the information provided are true. Saya/Kami bersetuju bahawa semua maklumat yangdiberikan adalah benar.	
Date .....	..... Signature/Tandatangan

**For Office use only / Untuk kegunaan pejabat sahaja:**

To/Kepada:

.....  
.....  
.....  
.....  
.....

The Commission hereby acknowledged receipt of complaint no: .....

*Pihak Suruhanjaya mengesahkan penerimaan aduan no: .....*

Please be informed your complaint is :

*Sila ambil perhatian bahawa aduan anda:*

- Is being attended to / Sedang diproses
- Not complete. Please provide.....  
Tidak lengkap. Sila sertakan .....
- Others .....  
Lain-lain .....

Date:  
*Tarikh*

Acknowledgement:  
*Pengesahan*

## **Guide to filling-in Form 1 – Instructions to Claimant**

### **1. Particulars of Claimant**

- (a) The claimant shall fill in his/her name in full, new identity card number, telephone number and mailing address accordingly.
- (b) If the claimant is a body corporate, the claimant shall provide the registered company name, company registration number, registered address and business address.

### **2. Particulars of Respondent**

- (a) The claimant shall fill in the name of the respondent in full together with the address of the respondent in the column provided.

### **3. Complaint Details**

- (a) The claimant 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 respondent is a corporate body or a business, please provide the details of the business address or branch of the respondent where your complaint arose from.

### **4. Supporting documents**

- (a) Please enclose all relevant documents including but not limited to any letters, contract or agreement 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 the relevant respondent and/or relevant industry forum.

### **5. Remedy**

- (a) The claimant shall fill in the remedy sought from the respondent.
- (b) The claimant is reminded that the remedy sought should be reasonable and realistic

### **6. 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.
- (b) Having filled in the form, the claimant shall sign this Form personally. In the case of corporate body, this Form shall be signed by a director of the company duly authorised to execute the Form. The company chop should also be affixed to the signature accordingly.
- (c) The Form shall be delivered to the Commission's office either by hand/post/fax to **Suruhanjaya Komunikasi dan Multimedia Malaysia, Off Persiaran Multimedia, 63000 Cyberjaya, Selangor. Attention: SKMM Consumer Complaints Bureau Fax no: 03-8688 1880**
- (d) The Form will be acknowledged by the representative from the **SKMM Consumer Complaints Bureau** and a copy returned to the claimant.

## **Panduan mengisi Borang 1 – Arahan kepada pihak Pengadu**

### 1. **Maklumat Pengadu**

- (a) Pengadu hendaklah mengisi nama penuh, nombor kad pengenalan, nombor telefon dan alamat surat menyurat
- (b) Sekiranya pengadu adalah badan korporat, pengadu hendaklah memberi nama syarikat, nombor pendaftaran syarikat dan alamat syarikat.

### 2. **Maklumat Penentang/Pemberi Perkhidmatan**

- (a) Pengadu hendaklah mengisi nama penuh dan alamat penentang di ruang yang disediakan.

### 3. **Maklumat Aduan**

- (a) Pengadu hendaklah memberi penjelasan terhadap aduan yang dikemukakan termasuk pernyataan ringkas bukti mengikut turutan dan butir-butir masalah. Sekiranya penentang adalah badan korporat, sila beri maklumat alamat syarikat atau cawangan di mana aduan ini bermula

### 4. **Dokumen tambahan**

- (a) Sila kembalikan semua dokumen berkenaan termasuk surat atau surat perjanjian yang berkenaan dengan aduan
- (b) Dokumen tambahan mestilah mengandungi surat-surat atau dokumen sebagai bukti adanya percubaan untuk menyelesaikan aduan ini dengan pihak penentang dan/atau industri forum yang terlibat

### 5. **Tuntutan**

- (a) Pengadu hendaklah mengisi tuntutan yang diminta dari penentang
- (b) Pengadu diingatkan bahawa tuntutan yang diminta hendaklah berpatutan dan munasabah

### 6. **Am**

- (a) Sekiranya ruang disediakan tidak mencukupi, sila sambung di kertas lain dan tulis "lihat mukasurat sebelah". Sebarang lampiran yang digunakan hendaklah dikembalikan bersama dengan borang ini
- (b) Pengadu hendaklah menandatangani borang ini setelah selesai mengisinya. Sekiranya pengadu merupakan badan korporat, borang ini hendaklah ditandatangani oleh pengarah syarikat atau pegawai yang berkuasa. Cop syarikat hendaklah diturunkan bersama tandatangan.
- (c) Borang ini boleh dihantar ke pejabat Suruhanjaya dengan tangan/pos/faks kepada **Suruhanjaya Komunikasi dan Multimedia Malaysia, Off Persiaran Multimedia, 63000 Cyberjaya, Selangor.**  
**UP: Biro Aduan Pengguna SKMM Faks no: 03-8688 1880**
- (d) Borang ini akan disahkan oleh wakil Biro Aduan Pengguna SKMM dan sesalinan akan dikembalikan kepada pengadu.