



GIBRALTAR REGULATORY  
AUTHORITY

# Consumer Disputes

## Dispute Resolution Request Form

# FOREWORD

*This form can be completed electronically and emailed to [communications@gra.gi](mailto:communications@gra.gi)*

*Alternatively, you may wish to print the form in order to complete it manually and deliver to our address.*

*Should you require any assistance with this form, please do not hesitate to contact the Communications Division.*

# DISPUTE RESOLUTION

Before you complete the following dispute resolution request form, you must have filed your dispute with your service provider, completed their complaints and/or disputes handling procedures and exhausted all possible means of resolution.

Alternatively, if you need to submit details of a complaint, please refer to the Consumer Complaints tab on the Communications section of the GRA website for instructions on how to proceed.

In order for the Authority to consider a matter raised in this form, you may have to be contacted for further clarification or to verify the accuracy of the details you've submitted.

## YOUR DETAILS

Title	Click here to enter text.
Full name	Click here to enter text.
Your company name (if applicable)	Click here to enter text.
Contact Phone Number	Click here to enter text.
Contact Email	Click here to enter text.
Address	Click here to enter text.

# DETAILS OF YOUR DISPUTE

Name of service provider	Click here to enter text.
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Type of Service: (Please click the appropriate boxes)

- Mobile Telephony
- Fixed Telephony
- Internet
- Bundles
- Other

If you selected 'Other', please specify
Click here to enter text.

When did you first notice that there might be a problem?
Click here to enter text.

When did you first contact your service provider?
Click here to enter text.

Has the service provider given you its final decision on your dispute in writing?

- Yes       No

If you selected 'Yes', please attach a copy of this final response when submitting this form.

Have there been any court/tribunal/arbitration proceedings relating to your dispute?

- Yes       No

Have you contacted any other authority about your dispute? [JMT1]

- Yes       No

If you selected 'Yes' for either of the two previous questions above, please give details here and/or attach supporting documentation when submitting this form.

Click here to enter text.

# SUMMARY OF YOUR DISPUTE

Please provide a brief summary of your dispute in the box below. Please attach any relevant correspondence you may have with your service provider.

Click here to enter text.

How would you like the service provider to solve your issue? Please explain briefly in the box below.

Click here to enter text.

## DECLARATION

I understand that the GRA may need to share the information that I have provided with the party about whom I have a dispute with, so that my concern can be looked in to.

I agree

Please sign below to confirm your request for the Communications Division to consider the matter.

Click here to enter text.	Click here to enter text.
Print Name/Signature	Date

## CONTACT US

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