

*FORMULAR ZA ŽALBU*

**Za: NEZAVISNU KOMISIJU ZA MEDIJE**

**Od:**

**Tema:**

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**Datum:**

\_\_\_\_\_\_\_\_\_\_\_\_

#### \*OPISANJE DOKUMENTA

#### Ime Emitera.

#### Datum i vreme emitovanje programa za kojim ze žalite

Jasna i specifična izjava za prekrsaje za koje verujete da su vam urađene.

*Ime i prezime: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Adresa: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Kontaktni broj\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*e-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*