



human settlements

Department:
Human Settlements
REPUBLIC OF SOUTH AFRICA



HUMAN SETTLEMENTS OMBUDSMAN COMPLAINT FORM

FILL IN DETAILS OR WHERE APPLICABLE, MARK WITH AN X

COMPLAINANT:		Individual			Company			Group Representative			
1. Details:		Name & Surname:									
Identity Document Nr:											
Race:					Gender:		M	F	Age:		
2. Contact Details:		Telephone:			Email address:						
		Cellphone:									
Postal Address:											
Physical Address:											
3. Complaint Details:		Nature of complaint:									
Services		Procedural			Administration			Other			
Have you exhausted the institutional internal process?								Yes	No		
Has legal proceedings been instituted i.e. Summons Administration, Order herein								Yes	No		
4. Complaint Against:		Owner			Tenant			Other			
		National Department			Provincial			Metro/District/Local Municipality			
5. In resolving the matter who did you communicate with?											
6. In chronological order, please briefly summarise your complaint (please attach supporting documents)											
7. Outcome/ Resolutions desired											
8. Where did you hear about us?											
9. Complainant declaration (Individual)		Date:			Signature:						
10. Representative/Company Declaration		Date:			Signature:						