

COMPLAINT FORM

1. GENERAL INFORMATION

Date:

Title: Mr

Mrs ☐

Ms ☐

Other ☐

Full name:

Surname:

Postal address:

Residential address:

Telephone no:

Cell:

E-mail address:

Account no:

ID no:

Reference no:

2. DETAILS OF THE COMPLAINT

1. Name of the department that you are complaining about:

2a. Have you lodged your complaint with the above-mentioned department?

Yes ☐ No ☐

2b. If "yes": what was the department's response to your complaint? Please attach copies of your correspondence with the department.

3. Name(s) of person(s) at the department that you spoke/wrote to about your complaint:

4. Briefly state your complaint. Kindly note that more details can be added on the last page.

5. What can the Ombudsman do to assist you?

6. Are you submitting on behalf of a third party?

Yes ☐ No ☐

7. If yes, please submit a consent letter/power of attorney, comprising permission from the third party to lodge a complaint on their behalf; and consent from the third party to process their personal information.

Protection of Personal Information Act 4 of 2013 (POPIA) Declaration:

To comply with POPIA and for the office to assess and investigate your complaint, we will need to process personal information about you, which may include collecting information relevant to your complaint from the City of Cape Town departments or persons/officials you have complained about and sharing information with them and/or other relevant parties.

Kindly indicate your decision by completing the below:

- ☐ I consent to the processing of my personal information.
- ☐ I object to the processing of my personal information.

Signature: _____

FOR OFFICE USE ONLY

Investigator

Venue/facility

Referral by (department)

Referral by (name)

Type more details below: