



THE OFFICE OF THE OMBUDSMAN

- Isle of Houghton Wilds View 2, 11 Boundary Road, Houghton Estate 2198
 - Tel Office 010 288 2800 / Call centre: 087 980 0058
- Email: complaints@joburgombudsman.org.za Website: www.joburgombudsman.org.za

COMPLAINTS FORM

FOR OFFICE USE ONLY

File Number: _____
Date Received: _____
Received by: _____
Jurisdiction: ____ Yes ____ No ____ Undecided
Request for urgency ____ Yes ____ No

1. PLEASE READ THE INSTRUCTIONS TO THIS FORM BEFORE COMPLETING IT.
2. PLEASE WRITE LEGIBLY OR USE CAPITAL LETTERS.

DATE: _____

DETAILS:

Are you the Account Holder Yes/No? _____

If no please provide Account Holders details.

1. If this complaint is on behalf of

**someone else, please tell us
about them.**

Title: _____ Surname : _____

Name(s): _____

2. Their ID number

ID number: _____

3. Account Holders physical

**Address, telephone and cell
phone number(s)**

Physical address: _____

Code: _____

Postal Address: _____

Postal code: _____

Telephone number (home):

Code: _____ Number: _____

Telephone number (work):

Code: _____ Number: _____

Email Address: _____

Is there any other contact number you would like us to call you on?

Code: _____ Number: _____

Whose telephone number is this? _____

Fax Number: Code : _____ Number: _____

Cell phone number: _____

COMPLAINANT'S DETAILS:

1. Complainants Name

Title: _____ Surname: _____

Full names: _____

ID No: _____

2. Your physical address, telephone and cell phone number(s)

Physical Address: _____

Code: _____

Postal Address:

Postal code: _____

Telephone number (home):

Code: _____ Number: _____

Telephone number (work):

Code: _____ Number: _____

Is there any other telephone number we can call you at:

Code: _____ Number: _____

Who's telephone number is this: _____

Fax Number: Code : _____ Number: _____

Cell phone number: _____

Email: _____

TELL US ABOUT THE COMPLAINT:

1. Is the complaint current?

Yes: _____ No: _____

2. If yes please state reference

Number?

REF _____

**3. If no, on what date did the
Incident occur?**

Day _____ Month _____ Year _____

What time? _____

4. Where did it occur?

Region: _____

Ward : _____

**5. Which Department, Unit, Entity
Is involved?**

**6. Name the officials that you
contacted to try and resolve
the problem.**

**7. Did you write/call to log a
Complaint to them?**

**8. Did you receive any written
Correspondence from them?**

9. Where can they be reached?

Address: _____

Postal code:

Telephone number:

Code: _____ Number: _____

10. Have you reported this case to anyone else?

Yes: _____ No: _____

If yes, who? (e.g. police, a lawyer, etc.)

11. Please tell us how you heard about the Office of the Ombudsman (radio, newspaper, Poster, friend) ?

12. Tell us what redress you require.

13. How would you like the Ombudsman to resolve the this matter.

14. If you consider the matter Urgent, explain why?

COMMENTS BY THE INVESTIGATOR (IF ANY) (FOR OFFICE USE)
