

## Key steps to lodging a complaint:

- First complain to the municipal department or unit involved to give them a chance to put things right.
- Go through all stages of their complaints procedure.
- If your problem has not been put right within the time given you may escalate to us.
- If you have not had a response within a reasonable time (usually up to 12 weeks) you may escalate to us.

The by-law does not permit us to investigate certain complaints. In most cases, you will need to have:

- Complained to us within a year of becoming aware of the issue.
- Been directly affected by the issue (real or substantial interest in the matter).
- Suffered an injustice.

Once a complaint is received:

- We will assess your complaint and explain whether we can investigate.
- When we do investigate, we may call for more information.
- Where appropriate, we may publish our findings on our website.

Please [call us](#) on 087-980-0058 if you are not sure whether we can help.



**THE OFFICE OF THE OMBUDSMAN**

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**OFFICE**

- Isle of Houghton Wilds View II, 36 Boundary Road HOUGHTON ESTATE 2198 ●
- TEL: 087-980-0058 ● E-Mail: info@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: \_\_\_\_\_

Names: \_\_\_\_\_

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: \_\_\_\_\_

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

Code: \_\_\_\_\_ Number: \_\_\_\_\_

Who's 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: \_\_\_\_\_

**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.) \_\_\_\_\_

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

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**12. Tell us what redress you require.**

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

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**14. If you consider the matter urgent, explain why?**

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

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