



# CITY INTEGRITY & INVESTIGATIONS UNIT

10th Floor, 41 Margaret Mncadi Avenue, Durban, 4001

P O Box 5542, Durban, 4000

Tel: 031 311 4002, Fax: 031 311 1085

Complaints e-mail: ombuds@durban.gov.za

Hotline: 0800 20 20 20

www.durban.gov.za

## COMPLAINT FORM

### SECTION A

*The Ombudsperson proceeds by way of independent and impartial investigations initiated upon receipt of a complaint or on his/her initiative.*

*The Municipal Ombudsperson may register a complaint that emanates from:*

- (a) an act or omission by an employee, an agent, or a contractor of the Municipality and/or*
- (b) a decision or recommendation made in the name of the Municipality or its agents.*

***Complaints that involve service delivery (excluding allegations of fraud and corruption) must be referred to the Head of the relevant department, as the department must have a chance to respond to the complaint. If you have not complained to the relevant department, please do so. All existing internal remedies must be exhausted before approaching the City Integrity and Investigations Unit.***

***How did you get to know about this office?.....***

### SECTION B

Do you wish to remain anonymous:       YES       NO

*If yes, please do not complete section C*

### SECTION C

Surname		First name	
Address			
Suburb		Postal code	
Contact no. (day)		Alternate contact no.	
Fax no.		Email	



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## SECTION D

1. Have you reported this matter to another office or council official? If yes, please provide details?


2. Have you taken any steps to resolve your complaint? If yes, please provide details?


2.1 Have you lodged a grievance with regard to your complaint? (*applicable to eThekweni Municipality employees only*)

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2.2 Have you filed an objection, appeal or review with the department?

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2.3 If yes to any of the above, please provide details and/or documentation


## SECTION E: DETAILS OF INCIDENT/ALLEGATION

3.1 Date of incident		3.2 Time	
3.3 Place			



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4. Name of department or employee the incident is about?


5 Please furnish full details of the incident.


6. What would you like the office to investigate?


7. Describe the result/outcome that you seek?


8. Do you have documentation or evidence to support your complaint/ allegation? *If yes,*

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*please provide copies.*


SIGNATURE.....

DATE.....

[Complainant]

## FOR OFFICE USE

**Comment by complaint assessor.**




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**NAME:** .....

**STATEMENT TAKER**

\_\_\_\_\_  
**SIGNATURE**

**DATE:** .....

.....

Comments by the Manager			
Register as:	INV	OMBUDS	



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**OTHER COMMENTS:**

**NAME:** .....

**MANAGER:**

\_\_\_\_\_  
**SIGNATURE**

**DATE:** .....



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Recommendations by Senior Manager			
Register as:	INV		OMBUDS
<b>OTHER COMMENTS:</b>			

NAME: .....

SENIOR MANAGER / PROJECT EXECUTIVE

\_\_\_\_\_  
SIGNATURE

DATE: .....



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<b>NOT APPROVED / APPROVED BY THE HEAD</b>			
<b>Register as:</b>	<b>INV</b>		<b>OMBUDS</b>
<b>OTHER COMMENTS:</b>			

**NAME:** .....

**HEAD: CITY INTEGRITY AND INVESTIGATIONS**

\_\_\_\_\_  
**SIGNATURE**

**DATE:** .....





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I, ..... ID NO. ....

RESIDING AT: .....

.....

TEL NO.: ..... SEX: ..... AGE: .....

EMPLOYED AT: .....

..... TEL NO.: .....

## STATES UNDER OATH IN ENGLISH:

I DECLARE THAT THE FOLLOWING STATEMENT IS THE BEST OF MY KNOWLEGDE AND BELIEF AND THAT I MAKE THIS STATEMENT KNOWING THAT IF IT IS TENDERED AS AVIDENCE THAT WILL LIABLE FOR PROSECUTION IF I WILLFULLY STATE IN IT ANYTHING WHICH I KNOW TO BE FALSE OR WHICH I DO NOT BELIEVE TO BE TRUE.



















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.....

.....

.....

I KNOW AND UNDERSTAND THE CONTENTS OF THE DECLARATION.

I HAVE NO OBJECTION TO TAKING THE PRESCRIBED OATH.

I CONSIDER PRESCRIBED OATH TO BE BINDING ON MY CONSCIENCE.

.....  
SIGNATURE OF DEPONENT

.....  
DATE

I HEREBY CERTIFY THAT THE DEPONENT HAS ACKNOWLEDGED THAT HE/SHE KNOWS AND UNDERSTAND THE CONTENTS OF THIS DECLARATION WHICH WAS SWORN TO BEFORE ME AND THE DEPONT'S SIGNATURE WAS PLACED THERE ON IN MY PRESENCE AT DURBAN ON

..... AT .....



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COMMISSIONER OF OATHS

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ETHEKWINI MUNICIPALITY

CITY INTEGRITY AND

INVESTIGATIONS

10<sup>th</sup> FLOOR, RENNIES HOUSE

41 MARGARET MNCADI AVENUE

DURBAN

4000

