ACK NO:

CITY INTEGRITY AND INVESTIGATIONS UNIT

COMPLAINT FORM

10th Floor Rennie House
41 Margaret Mncadi Avenue
Durban 4001
PO Box 5542
Durban 4000
Tel: 031- 311 4002
Fax: 031- 311 4115/9 or
ombuds@durban.gov.za

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.

SECTION B

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

RECEIVED BY (Please Tick)

Fax	Email	Post	Tel	Whistle Blowers	Walk-in	Committees	Outreach	Other

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:	

SECTION D

1. Have you reported this matter to another office or Municipal 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 eThekwini Municipality employees only)*	
2.2 Have you filed an objection, appeal or review with the department?	
2.3 If yes to any of the above, please provide details and/or documentation	

ACK NO:

SECTION E: DETAILS OF INCIDENT/ALLEGATION

3.1 Date of incident		3.2 Time	
3.3. Place			

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, please provide copies.*

9. What are the names and contact details of the other people who need to be interviewed to support the complainant's allegations?

10. What do you recommend as the next step in addressing the complaint?

SIGNATURE…… DATE……

NAME: …… (Complaints Assessor) **SIGNATURE ……..**

DATE: ……..

ACK NO:

Recommendations by Manager Quality Assurance and Technical Support						
Register as:	**INV**		**OMBUDS**		**INFT**	
OTHER COMMENTS:						

NAME: **SIGNATURE: ……**

DESIGNATION: MANAGER QUALITY ASSURANCE & TECHNICAL SUPPORT

DATE:

NOT APPOVED / APPROVED BY THE HEAD						
Register as:	**INV**		**OMBUDS**		**INFT**	
OTHER COMMENTS:						

NAME: ----------

HEAD: CITY INTEGRITY AND INVESTIGATIONS UNIT

_____ _____

SIGNATURE **DATE**