



THE OFFICE OF THE OMBUDSMAN

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

COMPLAINTS FORM

<u>FOR OFFICE USE ONLY</u>	
File number:	_____
Date received:	_____
Received by:	_____
Jurisdiction:	YES / NO / UNDECIDED
Request for Urgency:	YES / NO

PLEASE READ THE FOLLOWING CAREFULLY BEFORE COMPLETING THIS FORM:

- 1 Complaints of the following nature are not accepted and will not be investigated:
 - (1) matters relating to legislative or executive decisions of Council of the City of Johannesburg or any other legislative or executive bodies;
 - (2) matters in which legal or arbitration proceedings have commenced or are about to or likely to commence and to which the Council of the City of Johannesburg is or will likely be a party;
 - (3) matters relating to the laying of a charge against or the prosecution of an alleged offender;
 - (4) matters or disputes which must be dealt with or settled in terms of labour law;
 - (5) investigations relating to the internal or external audit of the financial affairs of the Council of the City of Johannesburg;
 - (6) vexatious or frivolous complaints; and
 - (7) any alleged irregular conduct of a councillor of the City of Johannesburg.
- 2 This Office will not be able to help you if the event or circumstances giving rise to your complaint occurred less than 30 days ago.
- 3 Before lodging a Complaint with this Office, you must have first:
 - (1) lodged a formal complaint with the City of Johannesburg's customer relations call centre, known as Care Connect on 0860 562 874;
 - (2) received a Complaint reference number from Care Connect; and
 - (3) not have achieved a resolution of your Complaint through Care Connect despite having taken all steps required by Care Connect to resolve the Complaint.
- 4 Only if you have taken all steps required by Care Connect to resolve the Complaint without resolution or have received no response to the Complaint within 30 days from Care Connect can this Office accept your Complaint.
- 5 When completing this Form, please write legibly or use capital letters.
- 6 If you are making this Complaint on behalf of someone else, you **MUST** have their permission to provide the information about them that is requested in this form and must have a signed power of attorney to act on their behalf. A template power of attorney can be downloaded [here](#).
- 7 Where a question requires a Yes/No answer, please circle the correct response.
- 8 The following documents must be attached to this Form:

- (1) a copy of your ID document;
 - (2) your Care Connect reference number;
 - (3) any correspondence you have had with any of the officials of the City of Johannesburg; and
 - (4) signed power of attorney, where applicable.
- 9 Failure to comply with these requirements may result in delays in your Complaint being registered with, or investigated by, this Office.
- 10 If you have any questions about this Form or lodging a complaint with this Office, please contact us at the contact details provided above.

1	Are you the Complainant?	YES / NO
2	If you are making this Complaint on behalf of someone else, do you have their permission?	YES / NO / NOT APPLICABLE

****If you answered No, DO NOT complete this form until you have their permission.**

If you are acting on behalf of the Complainant, please provide the following details about yourself. If you are the Complainant, please ignore the following table and go to the next table headed "Complainant's Details".

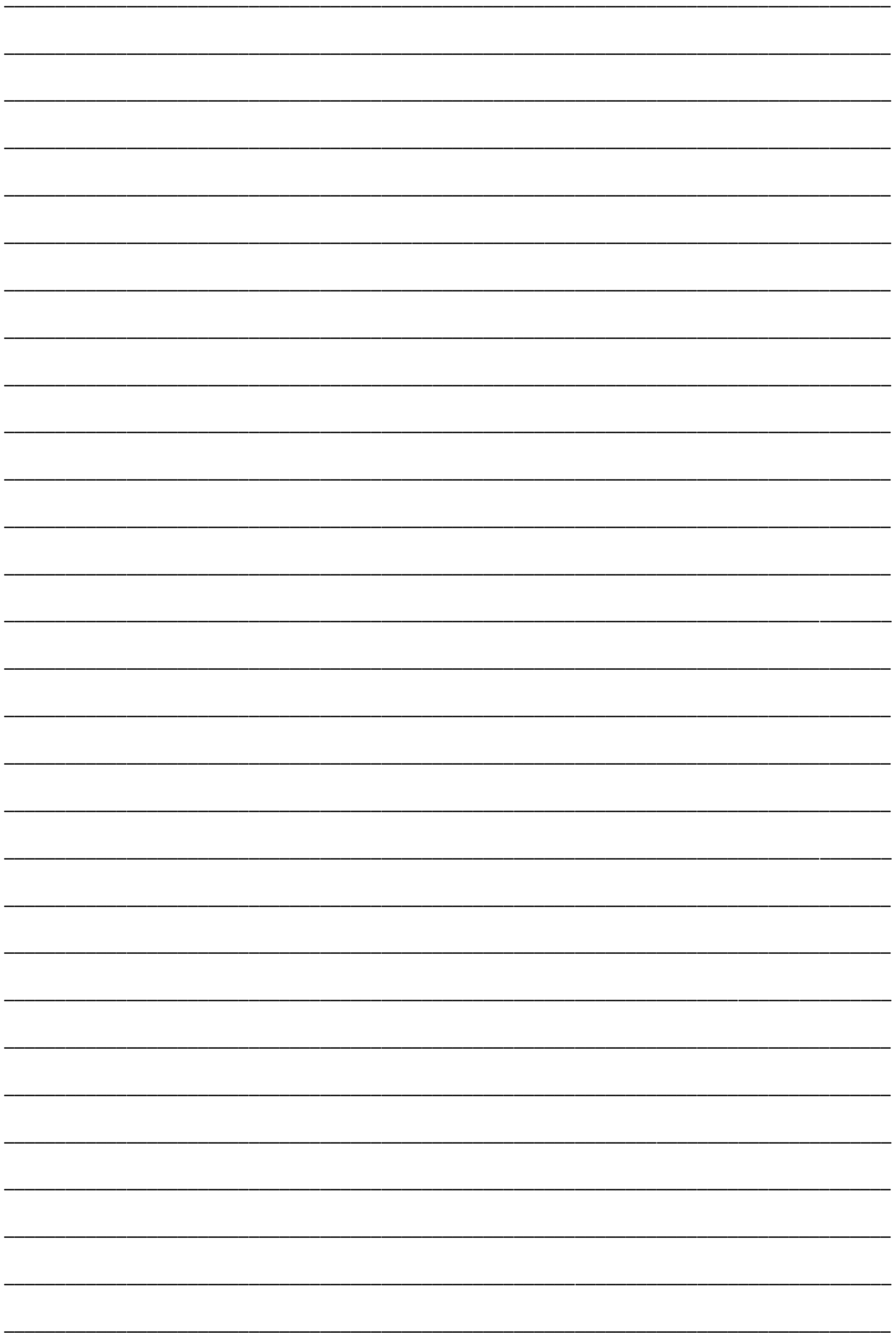
YOUR DETAILS:

1	Title:	
2	Name:	
3	Surname:	
4	ID / Passport number:	
5	Physical address:	<hr/> <hr/> <hr/> <hr/> <hr/>
6	Postal Code	
7	Postal address:	<hr/> <hr/> <hr/> <hr/> <hr/>
8	Postal Code:	

9	Home telephone number:	()
10	Work telephone number:	()
11	Email address:	
12	Cell phone number:	
13	Fax number:	()
14	What is your preferred method of contact?	
15	Any other contact number that you would like us to call you on:	()

COMPLAINANT'S DETAILS:

1	Title:	
2	Name:	
3	Surname:	
4	ID / Passport number:	
5	Physical address:	<hr/> <hr/> <hr/> <hr/> <hr/>
6	Postal Code	
7	Postal address:	<hr/> <hr/> <hr/> <hr/> <hr/>
8	Postal Code:	
9	Home telephone number:	()
10	Work telephone number:	()
11	Email address:	
12	Cell phone number:	



		<hr/> <hr/> <hr/>
24	Have you contacted the City of Johannesburg's customer relations contact centre, known as Care Connect, to resolve your complaint?	YES / NO
25	If yes please state the reference number?	REF:
26	Please state the names of any City of Johannesburg officials whom you have contacted to resolve your complaint and provide their contact details.	<p>Official 1</p> Name: Telephone number: () Cell phone number: Email address: Other: <p>Official 2</p> Name: Telephone number: () Cell phone number: Email address: Other: <p>Official 3</p> Name: Telephone number: () Cell phone number: Email address: Other: <p>Official 4</p> Name: Telephone number: () Cell phone number: Email address: Other:
27	Did you write/call to log a Complaint to them?	
28	When did you write / call to log your Complaint?	
29	Did you receive any written correspondence from them?	YES / NO

	*If yes, please provide copies.	
30	Have you reported this case to anyone else?	YES / NO
31	If yes, who have to reported it to? (e.g. police, a lawyer)	
32	Please tell us how you heard about the Office of the Ombudsman? (e.g. radio, newspaper, Poster, friend)	

I warrant that all the information provided is, to the best of my knowledge, true and correct and I agree that the Office of the Ombudsman may provide any of this information to any relevant person for the purposes of dealing with this Complaint.	
Signature:	Date:

Thank you for completing this Form. We will respond as soon as possible. We will provide you with a case number which you should use in follow-up communication.

COMMENTS BY THE INVESTIGATOR (FOR OFFICE USE)
