

KWAZULU NATAL MASTER BUILDERS ASSOCIATION

COMPLAINT FORM

COMPLAINT IN REFERENCE TO:

Ref No:

Indicate	<input checked="" type="checkbox"/>			
Member	<input type="checkbox"/>	Association Staff	<input type="checkbox"/>	Other
	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

*Office
use only*

How did you identify the respondent:

Association Logo Association Website Other

Member Board or Advertisement

Detail please: _____

PARTICULARS OF COMPLAINANT
(Person making the Complaint)

Name: _____

Postal Address: _____

Telephone: Home _____ Fax: _____

Business _____ E-mail: _____

1. I acknowledge that the matters raised on this form will be passed onto the builder/ contractor for a response.

2. I may be called upon to submit this complaint by means of an affidavit.

Signature of Complainant: _____

Date: _____

PARTICULARS OF RESPONDENT
(Person to whom the complaint relates)

Name: _____
Postal Address: _____
Telephone: Home _____ Fax: _____
Business _____ E-mail: _____

PARTICULARS OF AGREEMENT/CONTRACT

Was agreement/contract in writing: Yes No

If so forward a copy to the Association

Date of Agreement/Contract: _____

Contract Price: _____ R

Amount Paid: _____ R

ATTEMPT AT RESOLUTION

Have your grievances been communicated to the Respondent Yes No

Was there a response: Yes No

If Yes, state particulars of response:

Is any legal action pending in respect of this matter? Yes No

If Yes, state particulars: _____

DETAILS OF COMPLAINTS

Please provide details of the complaint or allegation. Attach additional sheet if necessary.

OFFICIAL USE ONLY

Date of Receipt:		Date Submitted to Complaints Committee	
Copy to Executive Director	Yes <input type="checkbox"/> No <input type="checkbox"/>	Signature of Recipient	_____
Date of first review:	_____	Date of inspection: (if any)	_____
Date of determination of complaint:	_____		

Signed: _____
Executive Director