

MAQUASSI HILLS LOCAL MUNICIPALITY

COMPLAINT FORM - CONCERNED RESIDENT

[A separate form must be completed for each complaint]

LOGGING OF A COMPLAINT AGAINST A MATTER WITH REGARD TO SERVICE DELIVERY

ERF NUMBER:		ACCOUNT NUMBER:	
TOWNSHIP:		EXTENSION:	
Name of complainant:			
Identity Number :			
Physical Address:			
Telephone Number:		[w]	[h]
Cell Number:	Email:	Fax:	

I wish to record my complaint in respect of the following:

[Detailed reasons must be given in support]

Signature of COMPLAINANT

Date

For Office Use Only:

[To be filled by Municipality]

ACTION TAKEN:
RESPONDED TO COMPLAINANT: Yes/No.....

Name of Official

Date

Signature: _____