

1. PROPERTY ID	
Street Address	
Erf No.	
Suburb / Farm / Agric Holding	

<p>2. IS THIS THE FIRST COMPLAINT THAT YOU HAVE LODGED REGARDING THIS MATTER ?</p> <p>If YES go to Point 4, If NO go to Point 3</p>	<p>YES</p> <p>NO</p>
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3. IF YOUR ANSWER TO QUESTION 2 IS NO, HOW MANY TIMES HAVE YOU REPORTED THE MATTER ?					
	DATE	DEPARTMENT	FORMAT	CONTACT PERSON	REFERENCE No.
1st Complaint Lodged			Letter / Fax / Tel		
Last Complaint Lodged			Letter / Fax / Tel		

4. NATURE OF COMPLAINT (Mark with an X)											
ILLEGAL LAND USE						BUILDING RELATED					
Shebeen		Spaza Shop		Office/Business		Construction		Earth Works		Unsightly	
Night Club		Workshop		Crèche		Dangerous		After Hours			
Other (Specify) :						Other (Specify) :					
HEALTH						OTHER					
Over Crowding		Noise		Air Pollution		Informal Settlement		Informal Trading		Road Closure	
Other (Specify) :						Other (Specify) :					
Give a brief background / description of the Complaint											

5. COMPLAINANT'S DETAILS (Please Print)				
Surname		POSTAL ADDRESS		CONTACT DETAILS
Initials	TITLE :			TEL (H) :
SIGNATURE :				TEL (W) :
DATE :				CELL :
		CODE :		



COMPLAINT FORM

DEVELOPMENT PLANNING,
TRANSPORTATION &
ENVIRONMENT

Tel. : 407-6040
Fax : 339-1546
e-Mail : martiep@joburg.org.za

For OFFICE USE ONLY

Date Received : _____ / _____ / _____

Reg No. : _____