



**NDLAMBE MUNICIPALITY**  
**MUNICIPAL MANAGER**  
**P.O.BOX 13**  
**PORT ALFRED**  
**6170**

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**BUILDING CONTROL SECTION**

**COMPLAINT FORM**

**DETAILS OF COMPLAINANT**

First names & Surname	
ID number	
ERF number	
Address of complainant	
Contact number	
Work telephone number	

**PARTICULARS OF COMPLAINT**

Date and time at which complaint was received	
Method of receipt	<input type="checkbox"/> Telephone <input type="checkbox"/> E-mail <input type="checkbox"/> In person <input type="checkbox"/> Customer services <input type="checkbox"/> Management <input type="checkbox"/> Website
Name of official who received the complaint	
Type of complaint (for example: noise nuisance)	
Day(s) and time(s) on which the transgression occurs (for example: every Monday morning from 6:00 to 18:00)	
Address where transgression occurs/occurred	
Brief description of complaint:	

PARTICULARS OF TRANSGRESSOR	
Name and Surname of transgressor	
ERF number	
Address of transgressor	
Contact number	
Work number	
INVESTIGATION INFORMATION	
Date complaint received by Building Inspector/Building Control Officer	
Report after first visit/investigation	
Action taken	<input type="checkbox"/> Verbal warning ..... <input type="checkbox"/> Compliance Notice ..... <input type="checkbox"/> Fine issued. Fine no. ..... <input type="checkbox"/> None/Other .....
Status (tick appropriate box)	<input type="checkbox"/> Resolved <input type="checkbox"/> Referred to..... <input type="checkbox"/> Withdrawn by complainant <input type="checkbox"/> Not confirmed – follow-up <input type="checkbox"/> Pending <input type="checkbox"/> Rejected, state reason ..... .....
Was the complainant satisfied with the handling of the complaint?	
Was complainant satisfied with the outcome?	
Date complaint finalized	
Authorized by:	Initials and surname: _____ Designation: _____ Signature: _____

**Ndlambe Municipality incorporating Port Alfred, Bathurst, Kenton-On-Sea, Boesmansriviermond, Alexandria, Seafield, Boknes, Cannon Rocks, and surrounding Rural areas**