



# OFFICE OF THE CITY OMBUDSMAN

Mangaung Metropolitan Municipality

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Reference Number:

## COMPLAINT FORM

### 1. GENERAL INFORMATION

Date:  Title: Mr  Mrs  Ms  Other

Full Name:  Surname:

Postal Address:

Residential Address:

Tel no:  Cell no:

Email Address:

Account no.:  ID no:

Reference no:

### 2. DETAILS OF THE COMPLAINT

1. Nature of the Complaint:

2a. Have you lodged your complaint with the relevant department? Yes  No

If "yes": what was the department's response to your complaint?

2b. Date and time complaint lodged with Department:

2c. Number phoned to lodge your complaint:

2d. Method used in lodging the complaint, eg. Via phone/email or whatsapp

2e. Please attach copies of your correspondence with the department. Photographs/any other relevant documentation/petition or community signature, if applicable.

3. Name(s) of person(s) at the department that you spoke/wrote to about your complaint:

4. Briefly state your complaint. Kindly note that more details can be added on the last page:

