



**COMPLAINT / PETITION FORM**

**Complainant's full names:** .....

**Ward no:** .....

**Contact details:** .....

**Date of incident:** .....

**Place of incident:** .....

**Nature of the complaint:** .....

.....

.....

**At which department:** .....

**Who did you speak to in the department:** .....

**What response did you get from the department:** .....

**What are the reasons for the non-assistance:** .....

**Signature by complainant:**.....

**Date:**.....

**For Fetakgomo Local Municipality**

**Date of receipt:.....**

**Signature:.....**

**Designation:.....**