



ANNEXURE 4

COMPLAINT FORM

Annexure 4 to the regulations under the Sectional Title Schemes Management Act,

No.8 of 2011

STSM Ann. 4.1 (10/11)

Use this form to notify the Body Corporate and persons against whom you are making the complaint, who must be a unit owner, occupier or the managing agent.

Details of person making this complaint:

Full names:

Unit number(s) (if applicable)

Section Address:

Name and Number of Scheme

Province

Postcode

Postal address of Complainant (if different from above)

Which type are you? (tick **one** box):

Types: 1. Unit Owner 2. Unit tenant 3. Other occupier 4. Managing Agent

Details of person(s) you are making the complaint against:

Person(s) name(s)	Address (include unit number. If applicable)	Type No.

Details of the relevant Rule, section of the Act or Regulation:

Identify which provision(s) is/are apparently being breached or not being complied with:

Details of complaint/alleged breach:

Describe what the complaint/breach is about, including dates and times

Self-help action taken:

What has been done to try to resolve this complaint? Please describe what you have done, who you have talked to and what they offered to do

Proposed solution or action:

What remedy are you requesting? How do you want the problem to be solved?

Declaration and Signature of complainant:

I declare that the above information is true and correct to the best of my knowledge. I agree that the information I have given in this form may be used or disclosed by the body corporate to process and resolve this complaint.

Signature:

	/ / DD MM YYYY
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The complainant must deliver a copy of this completed and signed form to the body corporate and must keep a copy and proof of delivery.

Delivery method:

By post (name and postal address):

In person by:

Contact telephone number for complaint(s):

Contact email address for complainant(s):

Annexure 4 to the regulations under the Sectional Title Schemes Management Act,

No.8 of 2011

STSM Ann. 4.2 (10/11)

Date of Notice

Record of Body Corporate Decision

From: Name and Number of scheme

CAPE SANDS – SS401 / 2006

To: (person/s that made complaint and person/s who allegedly committed breach)

Person(s) name(s)	Address

Description of Complaint: (brief details of complaint/alleged breach)

Person(s) name(s):

Outcome of Internal Dispute Resolution Meeting: (description)

Decision of Body Corporate: (description and reasons for decision)

This Notice is served by:

Signature of person representing body corporate

Printed name

Position/Title

Address:

Contact telephone number

Email address (if applicable)

Important Notice

- If any party to this dispute is not satisfied with the decision that party can make an application to the Community Schemes Ombud Service for assistance.