

FORM A
COMPLAINT FORM (REGULATION 4(1))

In terms of regulation 4(1) of the Regulations Regarding Adjudication of Disputes, a complaint must be submitted on this form, after the respondent has been given fourteen (14) days to first resolve the matter.

After completing this form, sign it and return it to the Authority, as required by the Regulations Regarding Adjudication of Disputes.

Was this complaint first submitted to Respondent? _____

If yes, on what date was it submitted to Respondent? _____

If not, please submit the substance of the complaint to the Respondent and if after fourteen (14) days, the Respondent has not adequately resolved the matter, you may submit it to the Authority. Alternatively, show good cause why the substance of the Complaint was not first submitted to the Respondent.

A. COMPLAINANT

Complainant	
Physical Address	
Postal Address	
Telephone number(s)	
Facsimile number	
Electronic mail address (email address)	

B. CONTACT PERSON (IF DIFFERENT FROM COMPLAINANT)

Contact Person	
Physical Address	
Postal Address	
Telephone number(s)	
Facsimile number	
Electronic mail address (email address)	

C. RESPONDENT

Respondent	
Physical Address	
Postal Address	
Telephone number(s)	
Facsimile number	
Electronic mail address (es)	

D. COMPLAINT

Provide an accurate and concise statement of the facts giving rise to the complaint and demonstrate why in your view the Respondent acted wrongly (use a separate sheet if necessary).

E. RELIEF SOUGHT

Provide a clear and concise statement of the specific relief or remedy sought

F. ANY OTHER INFORMATION

Provide any other relevant information.

Signed by _____ at _____ in
his/her capacity as _____ duly authorized and
warranting such authority and warranting that the information provided herein is true and correct, on
the _____ day of _____ 20_____.

Signature

ACKNOWLEDGEMENT OF RECEIPT BY CRAN:

1.	Name:	
2.	Date:	
3.	Place:	
4.	Signature:	

