



A. ORGANISATIONAL DETAILS

NPO Number				
NPO Name				
NPO Contact Details	Name of contact person	Landline	Cellphone	Email

B. COMPLAINANT DETAILS

	Name	Surname	ID Number	
Position in the organisation				
Contact details	Landline	Cellphone	Email	other

C. COMPLAINTS NATURE

	Office bearers	Corruption	Illegal removal from office	Bank account access	Whistle blower	Other
Tick where appropriate						
<i>*If other, please specify</i>						

D. SUMMARY OF THE COMPLAINT

This should be signed only by the complainant

***NB: Please attach any supporting documents pertaining to this**

Name and Surname

Signature of the complainant

OFFICIAL
STAMP

Signed at on this day of