

Prescribed Complaint Form

Annexure 4.1 to the Sectional Titles Schemes Management Act, 8 of 2011

The Prescribed Complaint Form is included as Annexure 4 of the Sectional Titles Schemes Management Act, and consists of two parts.

The first part of the form, annexure 4.1 (2 pages), can be used by complainants to provide the trustees with details of the person that they are making the complaint against, a description of the complaint and details of how they would like the problem to be solved.

The second part of the form, annexure 4.2 (1 page), can be used by the trustees to provide the parties involved in the complaint with the findings of the internal dispute resolution meeting and reasons for the decision taken by the trustees.

Although this complaint form is prescribed in terms of the Sectional Titles Schemes Management Act, it is important to note that the Act does not prescribe a procedure to be followed by schemes to deal with complaints.

This rule should address the following aspects:

1. Complainants should be required to complete and return the prescribed complaint form to the managing agent or the trustees;
 2. An internal dispute resolution meeting between the parties involved should be called by the trustees as soon as possible.
 3. The trustees should facilitate the meeting in an attempt to find resolution to the matters contained in the complaint form.
 4. The trustees should record any decisions taken on the decision form which must be circulated to the parties involved in the complaint as soon as possible after the internal dispute resolution meeting.
 5. If any party to the dispute is not satisfied with the trustees' decision, as contained in the decision form, that party can make an application to the Community Schemes Ombud Service for further assistance.
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Complaint Form

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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 the person making the 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 the 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:		
<i>Identify which provision(s) is/are apparently being breached or not being complied with</i>		
Details of complaint/alleged breach:		
<i>Describe what the breach is about, including dates and times</i>		

Complaint Form

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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 in this form may be used or disclosed by the body corporate to process and resolve this complaint.

Signature:

D D
M M
Y Y Y Y

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 complainant(s):	Contact email address for complainant(s):

Date of Notice:

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Record of Body Corporate Decision

(Annexure 4.2 to the Sectional Titles Schemes Management Act, 8 of 2011)

From:

Name and SS number of scheme:

To:

(Person/s that made complaint and persons/s who allegedly committed breach)

Person/s name/s	Address:
Description of Complaint: (brief details of complaint/alleged breach)	
Outcome of Internal Dispute Resolution Meeting: <i>(description)</i>	
Decision of Body Corporate: <i>(description and reasons for decision)</i>	
This notice is served by: <i>Signature of person representing body corporate:</i>	
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.*