## ANNEXURE V COMPLAINT FORM

KwaZulu-Natal Liquor Licensing Act, 2010 (Act No. 6 of 2010)

**KZNLA 22** 

FOR						REFERENCE NO:			
OFFICE									
USE									
ONLY									
PLEASE NOTE: 1. Print or type (DO NOT highlight). 2. Use BLACK ink. 3. Include copies of all relevant documents.  A. PERSONAL DETAILS									
Name:									
Identity Number:									
Residential Address:									
Postal address:									
B. CONTACT DETAILS									
Business Telephone Number:									
Alternate Telephone Number.:									
Cell Number:									
Fax No.: Email Address:									

C. PARTICULARS OF PARTY AGAINST WHOM THE COMPLAINT IS BEING LODGED

Name of the outlet:
Identity No./Registration No.:
Residential Address:
Postal address:
D. CONTACT DETAILS OF THE PARTY LODGING THE COMPLAINT
Business Telephone Number:  Alternate Telephone Number:
Cell Number:
Fax: No.: Email Address:
Name and designation of a person spoken to:
E. DETAILS OF THE ACTUAL COMPLAINT
<b>NB:</b> Do not give a detailed account of the history of the issue. Please single out the main points of the issue, providing names and dates where possible. <b>Mere reference to attached documents is not accepted</b> . Also indicate what steps you have taken to resolve the problem.

E DECORIDE THE RECHILT OR OUTCOME THAT YOU CEEK
F. DESCRIBE THE RESULT OR OUTCOME THAT YOU SEEK
DATE:
SIGNATURE: