Physical address:
Liebenbergstrek
PARYS
9585
Tel: +27 (0) 56 811 2131
Fax: +27 (0) 56 811 2046
e-mail:cfoadmin@ngwathe.co.za

DISPUTES AND COMPLAINTS

INITIATION FORM

Ngwathe
MUNICIPALITY
The home of harmony, prosperity and growth

PLEASE COMPLETE IN BLOCK LETTERS

APPLICANT DETAILS

Title:_____ Initials:_____ Date of birth:_____

Full Name and Surname or

Trust/Company name :_____

Identity Number :_____ Gender: M / F

Company or Trust Number:_____

Muncipal Account Number :_____

ERF Number :_____

Street Address :_____

_____

_____Postal Code_____

Postal Address :_____

_____

_____Postal Code_____

Cellular phone number :_____

E-mail address :_____

NB!!!!!! Please attach a copy of your latest Municipal Account.

BASIS OF DISPUTE OR COMPLAINT

(Mark with an X)

Services	Billing / Reading	Misallocation of payment
Electricity		
Water		
Other	X	

DESCRIPTION: Nature and basis of complaint or dispute (include date of occurrence and any supporting evidence available)

(Provide separate addendum if the space is not adequate)

Please see Addendum A and B attached

I,_____, the undersigned property owner / tenant/ duly authorized official of Trust/Company, hereby wish to register my dispute / complaint as detailed above with Ngwathe Local Municipality

Signature _____ Date _____

FOR OFFICE USE ONLY

Name of receiving official:_____

Signature:_____

Date of receipt:_____

DOCUMENTS TO ACCOMPANY THIS APPLICATION

1) The Municipal account alleged to be in dispute
2) Current Monthly Bill
3) ID Document of the owner/Proof of registration of Trust/Company
4) Proof of Residence of owner or authorized agent
5) Evidence supporting the dispute
6) Any other relevant information that may be required

DISPUTES, COMPLAINTS AND APPEAL PROCEDURES

1) Consumer must initiate the complaint or dispute by completing this Complaint/ Dispute Initiation form and lodge same with the Municipality

2) The dispute must be submitted within thirty (30) days of its arisal by email using the contact details at the top of this letter or lodgement thereof by hand at the nearest Municipal Office's Customer Services Department.
3) The dispute must relate to a specific amount on the account, amounts not in dispute must be paid in full.
4) A query or proven tampering charges is not regarded as a dispute
5) The consumer has the right to appeal to the Municipal Manager or his/her Authorised Delegate against the decision of the of the CFO or his/her Authorised Delegate. The Municipal Manager or his/her Authorised Delegate may hear representations and make a decision that is binding.
6) A cosumer whose rights are affected by the decision of the CFO or his/her Authorised Delegate should appeal to the municipal manager in terms of Section 62 of the Municipal Systems Act in writing against that decision by completing and lodging the prescribed form within 30 days of the date of notification of the decision.
7) Objections and Appeals to property valuations and disputes regarding the General Valuation Roll must be submitted to the Municipal Valuator in the form of an objection or appeal as envisaged by Sections 50 and 54 of the Municipal Property Rates Act.
8) The Municipality will, on receipt of the complaint or dispute, conduct an investigation to verify the validity of the complaint against the amount alleged to be in dispute and revert back to the customer within 30 working days;
9) The Municipality may elect the Consumer's billing address in the Municipal system as address to which to forward its decision and if it is sent by normal mail, it will be deemed to have come to the knowledge of the requester within 14 (fourteen) days after it has been dispatched, and, if sent by email, within 48 (forty-eight) hours after it has been sent electronically.
10) Notwithstanding the provisions of clause 9 above, it remains the responsibility of the consumer/complainant to enquire as to what the outcome of the investigation into the complaint is in the event of him/her not receiving a response after 30 days.

OUTCOME OF INVESTIGATION

Dispute findings: _____

_____

_____

_____

Resolution:

_____

Official Initial and Surname_____ Signature: _____

Date: _____

ADDENDUM A – DETAILS WITH REGARD TO DISPUTE / COMPLAINT

Mark only one BLOCK per dispute / complaint with X

SERVICE	BILLING / READING	MISALLOCATION OF PAYMENTS	OUTAGE / NO SERVICE	QUALITY OF SERVICE	Broken/ Dangerous
Electricity					
Municipal Water					
Sewage Blockage / Spills					
Potholes					
Streetlights					
Parks/Sidewalks					
Storm Water Drainage					
Open transformer/electrical box					
Open Manhole/channel					
Other infrastructure					

Is this a life-threatening situation? ☐ YES ☐ NO

How long has it been ongoing:

7 days ☐ 14 days ☐ 30 days ☐ 45 days ☐ 60 days ☐ 90 days ☐ 120+ days ☐

Has it been reported?

No ☐ / Yes ☐ **If yes. Where:** Municipality offices ☐ Fire station ☐ **How?** Telephonic ☐ In person ☐

Group/Person being impacted by the dispute / complaint:

Individual ☐ Business ☐ Public ☐ Visitors/Tourism ☐ Industry ☐

Vulnerable people/group impacted:

Visually Impaired ☐ Hearing Impaired ☐ Mentally Challenged ☐ Mobility ☐ Old age ☐ Children ☐

Address related to the dispute / complaint:

Street address: _____ **GPS:** _____

_____ _____

_____

_____

Please provide details with regards to the dispute/complaint:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Business name: _____ Reg. Number: _____

Title: _____ Name: _____ Surname: _____

Address: _____ Stand Number: _____

Tel. _____ Date Submitted: _____

ADDENDUM B - ELECTRICITY AVAILIBILITY/QUALITY LOG

			Reported via (mark with X)					
			Fire station		Municipal office			
Date	**Time Start**	**Time End**	**Visit**	**Phone**	**Visit**	**Phone**	**Feedback from municipality**	**Your Comment**

Business name: _____ Reg. Number: _____

Title: _____ Name: _____ Surname: _____

Address: _____ Stand Number: _____

Tel. _____ Date Submitted: _____

ADDENDUM B - WATER AVAILIBILITY/QUALITY LOG

			Reported via (mark with X)					
			Fire station		Municipal office			
Date	**Time Start**	**Time End**	**Visit**	**Phone**	**Visit**	**Phone**	**Feedback from municipality**	**Your Comment**

Business name: _____ Reg. Number: _____

Title: _____ Name: _____ Surname: _____

Address: _____ Stand Number: _____

Tel. _____ Date Submitted: _____

ADDENDUM B - BROKEN/DANGEROUS INFRASTRUCTURE LOG

			Reported via (mark with X)					
			Fire station		Municipal office			
Date	**Time Start**	**Time End**	**Visit**	**Phone**	**Visit**	**Phone**	**Feedback from municipality**	**Your Comment**