ANNEXURE V
COMPLAINT FORM
KwaZulu-Natal Liquor Licensing Act, 2010
(Act No. 6 of 2010)

KZNLA 22

FOR OFFICE USE ONLY						**REFERENCE NO:**	

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: …….....

……..…

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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

NB: 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. **Mere reference to attached documents is not accepted**. Also indicate what steps you have taken to resolve the problem.

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F. DESCRIBE THE RESULT OR OUTCOME THAT YOU SEEK

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_____

DATE: _____

SIGNATURE: _____