GSSA COMPLAINTS FORM

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| DATE |  |
| NAME (COMPLAINANT) |  |
| CONTACT TELEPHONE |  |
| CONTACT EMAIL |  |
| SUBJECT OF THE COMPLAINT |  |
| CONTACT DETAILS (if known) |  |
| NATURE OF THE COMPLAINT (Add additional pages, if necessary) |  |
| LIST OF SUPPORTING DOCUMENTATION (This must include a signed affidavit) |  |
| SIGNATURE OF COMPLAINANT |  |

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| --- |
| **FOR OFFICE USE ONLY** |
| DATE RECEIVED AT GSSA OFFICE |  |
| DATE SENT TO COMPLAINTS COMMITTEE |  |
| DATE OF NOTIFICATION TO THE SUBJECT OF THE COMPLAINT |  |
| OUTCOME OF COMPLAINTS COMMITTEE |  |
| DATE SENT TO ETHICS/DISCIPLINARY COMMITTEE (if relevant) |  |
| OUTCOME OF ETHICS COMMITTEE |  |
| OUTCOME OF ANY APPEALS AND/OR REVIEWS |  |
| FINAL OUTCOME |  |
| DATE OF FINALISATION OF COMPLAINT |  |
| SUMMARY NATURE OF COMPLAINT |  |