

SAIBA Complaint form – Standards/Professional Conduct

Before completing this form, please read the guide [Disciplinary Procedure](#) as there are some types of complaints that do not fall within our jurisdiction.

If you have not already raised your complaint with the individual or firm, we may not be able to consider it. Please refer to our website for details of how to approach the firm and an example of a letter to send. If you need help locating it please call (012) 643 1800 or email complaints@saiba.org.za.

Take note that SAIBA entirely relies on the information furnished by the complainant to effectively conduct its investigations. SAIBA does not have the authority to presume the facts, therefore it is important to furnish all the relevant information to assist in dealing with the complaint.

YOUR DETAILS

1.1 Title: Mr. Mrs. Ms. Miss Other

Forename

Surname

Address

Postcode Tel (home)

Tel (work) Tel (mobile)

Email Address

1.2 I confirm that SAIBA may use my email as the address for correspondence. Yes No

1.3 Which number should we contact you on? Work Home Mobile

1.4 Are you complaining on your own behalf? Yes No If yes, proceed to question 1.9. If no, proceed to question 1.5.

1.5 On whose behalf are you complaining?

Title: Mr. Mrs. Ms. Miss Other

Forename

Surname

Address

Postcode Tel (home)
Tel (work) Tel (mobile)
Email Address

1.6 What is your relationship with this person?

1.7 In corresponding with you, should we send a copy to this person? Yes No

1.8 Has this person given you authority to complain on his/her behalf? Yes No

If yes, you must enclose a letter of authority. If you tick No to this question, or if you do not enclose the letter of authority, SAIBA will not process the complaint.

1.9 Please provide us with the name and contact details of any other individual(s) or firm(s) who will be able to assist our investigation. If you have more than 2(two) person(s) to refer, you may attach an additional page consisting of their details as illustrated below.

1.9.1 Title: Mr. Mrs. Ms. Miss Other

Forename
Surname
Address
Postcode Tel (home)
Tel (work) Tel (mobile)
Email Address

1.9.2 Title: Mr. Mrs. Ms. Miss Other

Forename
Surname
Address
Postcode Tel (home)
Tel (work) Tel (mobile)
Email Address

1.10 If your complaint results in a disciplinary hearing, you may be required to attend to give oral evidence and be cross examined. (Attendance may be by telephone if it is not possible to attend in person.)

1.11 I understand that the successful investigation of my complaint and the continuation of any disciplinary action that may arise from the investigation, are entirely dependent on my sustained cooperation in this matter.

Yes No *If you tick No to this question, we will not be able to fully conduct the complaint investigation process*

1.12 I undertake to give SAIBA my full cooperation in this matter, which specifically includes making myself available to provide evidence during any disciplinary hearing of the matter.

Yes No *If you tick No to this question, we will not be able to fully conduct the complaint investigation process*

This page and the following pages with your enclosures will be disclosed to the person you are complaining about.

SAIBA MEMBER/STUDENT/FIRM DETAILS

2.1 Individual or firm you are complaining about:

Membership Number

Forename

Surname

Address

Postcode Tel (home)

Tel (work) Tel (mobile)

Email Address

2.2 If you are complaining about a firm, please give the name of the individual(s) involved.

2.3 Nature of relationship. Accountant Employee Employee Other

DETAILS OF YOUR COMPLAINT

3.1 Is your complaint about. Accountancy related work Conduct outside of work
Other

3.2 Are there any pending court proceedings linked to your complaint? If so, please give details including dates of any forthcoming hearings: Yes No *if yes please give details including dates of any forthcoming hearings:*

3.3 Have you already raised this complaint with the individual or firm in writing?
Yes No

If Yes, please tell us what the outcome was and enclose copies of the correspondence.

If No, please tell us why:

3.4 SAIBA Members are required to uphold the principles set out in the International Code of Ethics for Professional Accountants published by the International Federation of Accountants (“the Code”) from time to time, including in particular sections 111 to 115 and 200 to 270. A copy of the Code is available at https://saiba.org.za/standards/service_standards/code_of_conduct

The conduct of the Member that is the subject of your complaint must be linked to a contravention of any of the aforesaid sections of the Code. Please indicate the section(s) of the Code to which your complaint relates

3.5 This complaint is required to be accompanied by a sworn affidavit setting out your complaint, including all of the relevant facts and attaching all relevant documents.

- ✓ Note that a sworn affidavit is a written statement made under oath which must comply with the following formalities.
- ✓ The affidavit must be initialed and signed by the deponent in the presence of a notary public or a commissioner of oath.
- ✓ The notary public or commissioner of oath must administer the oath to the deponent and initial and sign the affidavit to confirm that the deponent acknowledges and understands the contents of the affidavit.

SAIBA will not process your complaint unless it is accompanied by an affidavit that complies with the foregoing.

OTHER INFORMATION

4.1 You must enclose copies of all relevant documents which support your complaint. Please list your documents:

4.2 If you have not enclosed any documents which support your complaint, please explain why:

4.3 Have you contacted SAIBA about this matter before? Yes No

4.4 Please give details and dates, enclosing copies of any previous correspondence with SAIBA about this matter:

I confirm that the information contained in this document is true and correct.

Name: _____

Signature: _____

Dated: _____



