

For office use only: Complaint ID

Client ID

## SAIBA Complaint form – Standards/Professional Conduct

Before completing this form, please read the guide **Complaints which SAIBA will investigate** as there are some types of complaint we will not be able to consider.

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 **legal@saiba.org.za**

### YOUR DETAILS

1.1 Title  Mr  Ms  Miss  Mrs  Other

Forename

Surname

Address

Postcode  Email address

Tel (work)  Tel (home)

Tel (mobile)  Fax

1.2 How would you like us to contact you?  Post  Email  Fax  Telephone

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  Ms  Miss  Mrs  Other

Forename

Surname

Address

Postcode  Email address

Tel (work)  Tel (home)

Tel (mobile)  Fax

1.6 What is your relationship to 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, we will return your complaint to you.

**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.

Title	<input type="radio"/> Mr	<input type="radio"/> Ms	<input type="radio"/> Miss	<input type="radio"/> Mrs	<input type="radio"/> Other	<input type="text"/>
Forename	<input type="text"/>					
Surname	<input type="text"/>					
Address	<input type="text"/>					
Postcode	<input type="text"/>	Email address	<input type="text"/>			
Tel (work)	<input type="text"/>	Tel (home)	<input type="text"/>			
Tel (mobile)	<input type="text"/>	Fax	<input type="text"/>			
Title	<input type="radio"/> Mr	<input type="radio"/> Ms	<input type="radio"/> Miss	<input type="radio"/> Mrs	<input type="radio"/> Other	<input type="text"/>
Forename	<input type="text"/>					
Surname	<input type="text"/>					
Address	<input type="text"/>					
Postcode	<input type="text"/>	Email address	<input type="text"/>			
Tel (work)	<input type="text"/>	Tel (home)	<input type="text"/>			
Tel (mobile)	<input type="text"/>	Fax	<input type="text"/>			

**1.10** Are you content for your name to be disclosed?

Yes  No

If you tick No to this question you will not be able to fully participate in the complaint investigation process.

**1.11** If your complaint results in a disciplinary hearing, you may be required to attend to give oral evidence and be cross-examined. Would you be willing to do so? (Attendance may be by telephone if it is not possible to attend in person.)

Yes  No

If you tick No to this question, please explain why:

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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

Address

Postcode

Email address

Telephone

Fax

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

Employer

Other

### DETAILS OF YOUR COMPLAINT

3.1 Is your complaint about

Accountancy related work

Conduct outside of work

Other

3.2 Are there any court proceedings, either planned or ongoing, linked to your complaint? If so,

Yes

No

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's complaints investigation function is carried out in the public interest. Although we are unable to act for the benefit of individual complainants, we do have a Conciliation Service which aims to find a solution to disputes. Is there anything which you personally hope to gain from making this complaint?

**3.5** Please set out, as clearly as possible, your complaint. You must tell us what you believe was done wrong and when, giving dates.

**This section must be completed in the form of a sworn affidavit.**

## 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:

4.5 When completed, please do one of the following:

**Submit the form by email to:**

[standards@saiba.org.za](mailto:standards@saiba.org.za) (attaching supporting documentation)

**Print a copy of the form**, sign and date it and submit to Professional Conduct with your enclosures by post or fax to:

Standards  
SAIBA  
PO Box 7905, Centurion,  
0046  
fax: 086 508 2923  
email: [legal@saiba.org.za](mailto:legal@saiba.org.za)

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

**An original sworn affidavit as per section 3.5 setting out clearly the complaint will be provided to you together with any supporting documentation.**

Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_