

## FORM 1: NOTICE OF COMPLAINT



NOTICE OF COMPLAINT TO THE PORTS REGULATOR AGAINST THE AUTHORITY  
[Chapter 2 of the Directives]

STATE YOUR REFERENCE NUMBER IF ANY: \_\_\_\_\_

**A. Particulars of person bringing the complaint**

*The particulars of the person making the complaint must be given below. Proof of the capacity in which the complaint is made, if applicable, must be attached.*

Full names and surname: \_\_\_\_\_

Identity number: \_\_\_\_\_

Postal address: \_\_\_\_\_

\_\_\_\_\_

Physical Address for service of documents: \_\_\_\_\_

\_\_\_\_\_

Fax number for service of documents: \_\_\_\_\_

Telephone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Capacity in which complaint on behalf of another person is made: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**B. The incident, matter or conduct by the Authority against which the complaint is made.**

*Briefly state the incident, matter or conduct of the Authority against which the complaint is lodged in the space provided below. The matter complained of must have arisen within 3 months of the date on which this complaint is lodged.*

*If the space provided below is inadequate, please continue on a separate folio and attach it to this form. You must sign all the additional folios. Please attach all documents and other items referred to in the complaint.*

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**C. Ground of complaint**

*You must set out and motivate the ground of complaint. This ground must be one of the grounds set out in Chapter 2.1 of the Directives. If the space provided below is inadequate, please continue on a separate folio and attach it to this form. You must sign all the additional folios.*

State the grounds for the complaint against the Authority: \_\_\_\_\_

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State any other information that may be relevant in considering the complaint:

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**D. Nature of the relief sought**

*In terms of the Act the Regulator is entitled to make certain orders following an investigation into a complaint including:*

*(i) interdicting any conduct or action;*

*(ii) declaring the whole or any part of any agreement to be void.*

*Please set out below the nature of the relief, if any, which you seek. If the space provided below is inadequate, please continue on a separate folio and attach it to this form. You must sign all the additional folios.*

State the nature of the relief sought:

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**E. Notice of decision on complaint**

*You will be notified in writing of the outcome of your complaint. If you wish to be informed by fax or e-mail, please specify this and provide the necessary particulars to enable compliance with your request in the space provided below.*

State the alternative manner in which you wish to be informed and the relevant contact details:

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**F. Hearing**

*Please state whether you believe a hearing should be held into this complaint. Please motivate this belief having regard to any factors which you consider to be relevant. If the space provided below is inadequate, please continue on a separate folio and attach it to this form. You must sign all the additional folios.*

Do you wish a hearing to be held:

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If yes, please provide reasons:

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**G. Confidential complaint**

*Please state whether you wish to make a confidential complaint and provide a brief motivation for this. If you do wish your complaint to be a confidential complaint you will not be entitled to be treated as a complainant or to actively participate in any subsequent investigation or hearing and will not be entitled to any specific relief.*

Do you wish your complaint to be kept confidential?

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If yes, please provide reasons:

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**H. Request for waiver of complaint fee**

*If you are of the view that the Regulator should waive the requirement for payment of the prescribed fee on the grounds of indigency as set out in directive 2(5)(d), the grounds for claiming indigency must be set out below. In addition you must provide copies of relevant documents, such as a statement of assets and liabilities and bank accounts, to support the request for waiver.*

Do you want to apply for waiver of the prescribed fee on the grounds of indigency?

\_\_\_\_\_  
\_\_\_\_\_  
If yes, please provide reasons. Supporting documents must be signed and attached:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed at \_\_\_\_\_ on this the \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
**SIGNATURE OF COMPLAINANT**

FOR DEPARTMENTAL USE

OFFICIAL RECORD OF COMPLAINT MADE AGAINST AUTHORITY

Complaint received on \_\_\_\_\_ (date) by \_\_\_\_\_  
\_\_\_\_\_ (state the full name and designation of the official  
of the Regulator who formally received the complaint).

**CONFIDENTIAL or Non-Confidential complaint (circle whichever is appropriate).**

Non-confidential complaint to be investigated by the Regulator submitted to  
\_\_\_\_\_ (name of the official) from the Authority on  
\_\_\_\_\_ (date) by \_\_\_\_\_ (name of the official  
from the Regulator).

**OUTCOME OF COMPLAINT**

**COMPLAINT UPHELD / DISMISSED (delete whichever is not applicable).**

IF COMPLAINT IS UPHeld, THE ACTION TO BE TAKEN AGAINST THE AUTHORITY:

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DATE

Chairperson of Ports  
Regulator

Received by the Authority from the Regulator on (date): \_\_\_\_\_.