

**FORM 1****MILITARY OMBUD COMPLAINT FORM****COMPLAINT IN TERMS OF SECTION 6(2) MILITARY OMBUD ACT 4 OF 2012****(Regulation 3)****UNDERTAKING:**

I apply to the Military Ombud to investigate and consider my complaint. All relevant documentation is attached.

1. I \_\_\_\_\_, Identity number /Force number \_\_\_\_\_ declare that my complaint does not relate to:
  - The manner in which a military judge performs his or her functions in his or her capacity as a judge;
  - A matter that is pending before a military or civilian court; or
  - A matter on which a decision has been taken by a military or civilian court.
2. I understand the Military Ombud may refuse to investigate a complaint if:
  - An investigation may undermine channels of command or constitute insubordination in the Defence Force;
  - A complaint is not lodged within the prescribed time-frame.(Kindly attach the application for condonation if the complaint is not within the prescribed timeframe);
  - A member has not first used the mechanism available under the Individual Grievances Regulations, 2010, unless the complaint relates to problems inherent in the system which bring about an adverse result to the complainant;
  - A complaint was not lodged within the prescribed timeframe and condonation was not granted; or
  - A complaint was referred for arbitration, conciliation, mediation or negotiation to another competent tribunal or forum.
3. I understand and agree that by submitting this complaint:
  - The complaint and all information contained therein will be treated as confidential by the Military Ombud who will collect, store, process and share my personal information and use the information only in as far as it relates to the investigation and resolution of my complaint;
  - A finding of the Military Ombud does not affect my legal rights or privileges; and

- Should I not be satisfied with the decision of the Military Ombud, I may apply to the High Court for review against that decision in terms of section 13 of the Military Ombud Act 4 of 2012.

\_\_\_\_\_  
**Complainant Signature**

\_\_\_\_\_  
**Person authorised to sign on behalf of the complainant (where applicable)**

\_\_\_\_\_  
**Date**

## MILITARY OMBUD COMPLAINT FORM

### COMPLAINT IN TERMS OF SECTION 6(2) MILITARY OMBUD ACT 4 OF 2012

#### (Regulation 3)

**Please Note:**

1. Kindly complete the form in a legible manner and complete all relevant sections. **Please note that the fields marked with an asterix (\*) are compulsory.**
2. Where the contact person is not the complainant, please provide the relevant person's correct contact details. If the contact person is acting on behalf of the complainant, a *Power of Attorney* **must** accompany this form.
3. If you have previously referred your complaint for investigation, arbitration, conciliation, mediation or negotiation to another competent tribunal, forum or institution, kindly furnish the relevant details and applicable reference number.
4. Be as comprehensive as possible and provide as much factual detail as possible when completing this form. Ensure that you answer the following questions: **Who, What, When, How, Where** and **What** happened thereafter.
5. Attach all supporting documentation and evidence, which may include copies of photographs, copies of documentation, sworn statements of witnesses, copies of official documents given to you by the Department of Defence, or any other information that may assist the Military Ombud in conducting an investigation.
6. The Declaration and consent section of this form **must** be completed to authorise the Military Ombud to obtain copies of records and to access any information that relates to this complaint.

**In which province in South Africa did the complaint originate?**

- Eastern Cape     
  Free State     
  Gauteng     
  Kwazulu Natal     
  Limpopo  
 Mpumalanga     
  North West     
  Northern Cape     
  Western Cape

**Where did you learn about the Office of the Military Ombud?**

- Radio     
  Attorney     
  Newspaper     
  Other Ombudsman  
 By word of Mouth     
  Department of Defence     
  Other (please specify) \_\_\_\_\_

**PARTICULARS OF THE COMPLAINANT**

**Category of Complainant (\*):**

- Current SANDF Member     
  Former Member of the SANDF     
  Member of the Public  
 Third Party (e.g. union rep, lawyer, etc.)

**Please Note:**

- If you are a member, former member or member of the public complaining, complete section 1 & 4.
- If you are member of the public complaining about the official conduct of a member of the SANDF please also complete section 1 & 4 (**note: only need to provide ID/Passport no.**)
- If you are complaining on behalf of a member or former member, complete section 2, 3 & 4.
- Section 5, 6 & 7 is to be completed by all.

**1. PERSONAL DETAILS (If you are the member , former member or member of the public lodging the complaint please complete this section only where applicable)**

**Please indicate your Gender and Race (\*): (This information is required for statistical purposes)**

Male                       Female                      **Race:** \_\_\_\_\_

**Surname(\*):** \_\_\_\_\_ **Full Names(\*):** \_\_\_\_\_

**Title (Mr/Mrs/Miss/Ms/Dr/Prof(\*):** \_\_\_\_\_ **Rank:** \_\_\_\_\_

**ID/Passport Number(\*):** \_\_\_\_\_ **Force Number:** \_\_\_\_\_

**Unit:** \_\_\_\_\_ **Service/Division:** \_\_\_\_\_

**Residential Address(\*):** \_\_\_\_\_

**Postal Address(\*):** \_\_\_\_\_

**City:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Telephone(\*) Home:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Work:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Have you submitted your grievance through the Department of Defence’s Individual Grievances Regulations? (\*): (To be completed by current members of the SANDF only)**

Yes                       No

**If yes:**

- **At which grievance office (Unit)?** \_\_\_\_\_
- **What is the Grievance ID Number?** \_\_\_\_\_

**2. DETAILS OF THIRD PARTY**

Surname(\*): \_\_\_\_\_ Full Names(\*): \_\_\_\_\_

Title(Mr/Mrs/Miss/Ms/Dr/Prof(\*): \_\_\_\_\_ Rank: \_\_\_\_\_

ID/Passport Number(\*): \_\_\_\_\_ Force Number: \_\_\_\_\_

Unit: \_\_\_\_\_ Service/Division: \_\_\_\_\_

Institution: \_\_\_\_\_

Residential Address(\*): \_\_\_\_\_

\_\_\_\_\_

Postal Address(\*): \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone(\*) Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_

**3. PERSONAL DETAILS OF AFFECTED PARTY**

Please indicate the Gender and Race of the affected party (\*): (This information is required for statistical purposes)

 Male Female

Race: \_\_\_\_\_

Surname(\*): \_\_\_\_\_ Full Names(\*): \_\_\_\_\_

Title (Mr/Mrs/Miss/Ms/Dr/Prof(\*): \_\_\_\_\_ Rank: \_\_\_\_\_

ID/Passport Number(\*): \_\_\_\_\_ Force Number: \_\_\_\_\_

Unit: \_\_\_\_\_ Service/Division: \_\_\_\_\_

Residential Address(\*): \_\_\_\_\_

\_\_\_\_\_

Postal Address(\*): \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone(\*) Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_





**7. DECLARATION AND CONSENT:**

The consent granted to the Military Ombud in this paragraph authorises the Military Ombud to obtain copies of any records, to access any information which relates to this complaint and to contact any person or entity for the purposes of obtaining or verifying such information and/or documentation.

I \_\_\_\_\_ (name, surname, ID/Force number) declare that to the best of my knowledge, the information provided in the complaint form is true and correct in every respect;

I confirm that I am complaining in my personal capacity / representative capacity.

I hereby consent to the release, to the Military Ombud, of copies of all documentation and/or information, including, but not limited to documentation or information, that in any way relates to this complaint arising from the circumstances detailed in the complaint form.

I further consent to and authorise the Military Ombud to contact any person or entity for purposes of obtaining or verifying such information and/or documentation.

\_\_\_\_\_  
**Complainant Signature**

\_\_\_\_\_  
**Person authorised to sign on behalf of the complainant (where applicable)**

\_\_\_\_\_  
**Date**