Tel: 021 903 3101
E-mail: property@lkpm.co.za
Web: www.lkpm.co.za
Property Specialist since 1975

OFFICIAL COMPLAINT FORM

Important: Complete the form fully and attach supporting evidence where available. For an incident requiring immediate intervention, contact security or the appropriate emergency service first. Submission of this form does not replace emergency reporting.

1. COMPLAINANT DETAILS

Full name and surname	
Scheme / complex name	
Unit number	
Status	☐ Owner ☐ Tenant ☐ Other occupier ☐ Agent / representative
Email address	
Contact number	

2. DETAILS OF PERSON / UNIT COMPLAINED ABOUT

Name (if known)	
Unit number / location	
Occupant type (if known)	

3. COMPLAINT DETAILS

Type of complaint	☐ Noise / nuisance ☐ Parking ☐ Conduct rule breach ☐ Pet-related ☐ Common property ☐ Security / access ☐ Maintenance ☐ Other: _____		
Date(s) of incident		**Time(s) of incident**	

Description of complaint / alleged breach

Provide clear facts, including what occurred, where it occurred, who was involved, and the dates and times. Avoid assumptions or personal comments.

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4. SUPPORTING EVIDENCE

Evidence attached or available *List photographs, videos, audio recordings, emails, security reports, witness details or other documents. State file names or dates where possible.*

5. STEPS ALREADY TAKEN

Action taken to try to resolve the matter *Describe reasonable steps already taken, including who was contacted, when they were contacted, and the outcome. Do not confront another resident where it may be unsafe.*

6. REQUESTED OUTCOME

Proposed solution or action requested *Explain what reasonable outcome you are requesting from the trustees or managing agent.*

7. DECLARATION

I declare that the information supplied in this complaint is true and correct to the best of my knowledge. I understand that the information and supporting evidence may be disclosed to the trustees, the person complained about, security providers, professional advisers, insurers, CSOS or other relevant parties where reasonably necessary to investigate and resolve the complaint. I understand that knowingly false, misleading or malicious complaints may constitute misconduct.

Signature		Date	
Name and Surname		Unit number	