

COMPLAINANT AFFIDAVIT

I, the undersigned, _____ (your name)

do hereby declare under oath the following:

1.

I am the complainant in this matter, an adult _____

(gender and occupation) and I reside at _____

_____ (physical address)

(telephone number) _____

2.

The contents herein contained fall within my personal knowledge unless the contrary appears here from.

3.

The person against whom this complaint is lodged (hereinafter referred to as "the registered person") is _____, _____

(registration number) (if known), an adult

_____ (gender and occupation)

who resides at _____

(physical address) (if known to complainant).

The registered person has ordinarily carried on business at _____

(name and address of company that registered person works for) (if known to complainant).

4.

Other persons involved in this matter are; **(details of others involved in the matter, e.g. Project Manager, Architect and their level of involvement.)** _____

5.

I am dissatisfied with **(outline clearly what you are dissatisfied with, provide specific information, including dates, work agreed on, the Rules of Conduct (Board Notice 256 of 2013) which have been allegedly transgressed)**

6.

I have attached the following documents;

6.1 A copy of the A19 form (appointment of professional engineer)

NO

6.2 (any documents and or records including electronic data relating to the work, drawings, designs, reports, specifications, calculations, contractual documents, built-records or plans, photographs or the like which will serve to illustrate or substantiate any of the complaint)

7.

I know and understand the contents of this declaration

I have no objection to taking the prescribed oath.

I consider the prescribed oath as binding on my conscience.

DEPONENT

It is hereby certified that the aforesaid declaration was signed and sworn in my presence on this the ____ day of _____ 20__, at _____, the deponent having confirmed and acknowledged:-

- a) That he/she knows and understands the contents of this declaration;
- b) That he/she has no objection to taking the prescribed oath;
- c) That he/she considers the prescribed oath as binding on his/her conscience.

COMMISSIONER OF OATHS

Full names: _____

Address: _____

Rank/office held: _____

Area for which appointed: _____

NOTES:

1. The first step is to seek clarity or attempt to resolve matters directly with the registered person .If you are still unable to resolve the issue(s), please fill in the complaint affidavit.
2. The complaint affidavit must be in **English**, preferably typed for eligibility purposes. If hand-written, it should be eligible for ease of reading.
3. If you are a registered person, please include your registration number and discipline.
4. A copy of the complaint and supporting evidence will be made available to the registered person concerned in terms of the *audi alteram partem* rule.
5. Please send the completed affidavit and supporting documents via email, courier or hand delivery, to *(we do not advise using post, due to the lengthy duration it might take to reach our offices and thus delay processing of the complaint):*

Mr S E Madondo
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Email: Tania@ecsa.co.za; Siphiwe@ecsa.co.za