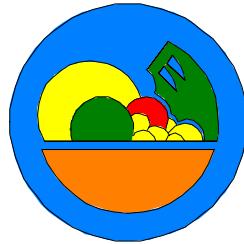




**GREATER TZANEEN MUNICIPALITY**  
**GROTER TZANEEN MUNISIPALITEIT**  
**MASIPALA WA TZANEEN**  
**MASEPALA WA TZANEEN**



P.O. BOX 24  
TZANEEN  
0850

TEL: 015 307 8000  
FAX: 015 307 8049

[www.greatertzaneen.gov.za](http://www.greatertzaneen.gov.za)  
[records@tzaneen.gov.za](mailto:records@tzaneen.gov.za)

## **COMPLAINT FORM**

### **FORM 5** [Regulation 10]

**NOTE:**

1. This form is designed to assist the Requester or Third Party (hereinafter referred to as "the Complainant") in requesting a review of a Public or Private Body's response or non-response to a request for access to records under the Promotion of Access to Information Act, 2000 (Act No. 2 of 2000) ("PAIA"). Please fill out this form and send it to the following email address: [PAIAComplaints@infoRegulator.org.za](mailto:PAIAComplaints@infoRegulator.org.za) or complete online complaint form available at <https://www.justice.gov.za/inforeg/>.
2. PAIA gives a member of the public the right to file a complaint with the Information Regulator about any of the nature of complaints detailed in part F of this complaint form.
3. It is the policy of the Information Regulator to defer investigating or to reject a complaint if the Complainant has not first given the public or private body (herein after referred to as "the Body") an opportunity to respond to and attempt to resolve the issue. To help the Body address your concerns prior to approaching the Information Regulator, you are required to complete the prescribed **PAIA Form 2** and submit it to the Body.
4. A copy of this Form will be provided to the Body that is the subject of your complaint. The information you provide on this form, attached to this form or that you supply later, will only be used to attempt to resolve your dispute, unless otherwise stated herein.
5. The Information Regulator will only accept your complaint once you confirm having complied with the prerequisites below.
6. **Please attach copies of the following documents, if you have them:**
  - a. Copy of the form to the Body requesting access to records;
  - b. The Body's response to your complaint or access request;
  - c. Any other correspondence between you and the Body regarding your request;
  - d. Copy of the appeal form, if your complaint relates to a public body;
  - e. The Body's response to your appeal;
  - f. Any other correspondence between you and the Body regarding your appeal;
  - g. Documentation authorizing you to act on behalf of another person (if applicable);
  - h. Court Order or Court documents relevant to your complaint, if any.
7. If the space provided for in this Form is inadequate, submit information as an Annexure to this Form and sign each page.

### **CAPACITY OF PERSON/PARTY LODGING A COMPLAINT** (Mark with an "X")

Complainant Personally

Representative of Complainant

1

*A Green, Healthy, Prosperous and United Municipality that Provides Quality Services to All*

For the POPI Act, the information in this document should be used for the intended purpose and the protection of personal information. Any other use, reproduction, or distribution is strictly prohibited.

Third Party

PREREQUISITES				
Did you submit request (PAIA form) for access to record of a public/private body?	Yes		No	
Has 30 days lapsed from the date on which you submitted your PAIA form?	Yes		No	
Did you exhaust all the internal appeal procedure against a decision of the Information officer of a public body?	Yes		No	
Have you applied to Court for appropriate relief regarding this matter?	Yes		No	

FOR INFORMATION REGULATOR'S USE ONLY				
Received by: (Full names)				
Position				
Signature				
Complaint accepted	Yes		No	
Reference Number				
Date stamp				

Postal address	Facsimile	E-Mail Address	
PART A PERSONAL INFORMATION OF COMPLAINANT			
Full Names			
Identity Number			
Postal Address			
Street Address			
E-Mail Address			
Contact numbers	Tel.		Facsimile
	Cellular		

**PART B**  
**REPRESENTATIVE INFORMATION**

*(Complete only if you will be represented. A Power of Attorney must be attached if complainant is represented, failing which the complaint will be rejected)*

Full Names of Representative			
Nature of representation			
Identity Number / Registration Number			
Postal Address			
Street Address			
E-mail Address			
Contact Numbers	Tel.		Facsimile
	Cellular		

**PART C**  
**THIRD PARTY INFORMATION**  
*(Please attach letter of authorisation)*

Type of Body	Private		Public	
Name of Public / Private Body				
Registration Number (if any)				
Name, Surname and Title of person authorised to lodge a complaint				
Postal Address				
Street Address				
E-mail Address				

Contact Numbers	Tel.		Facsimile	
	Cellular			

**PART D**  
**BODY AGAINST WHICH THE COMPLAINT IS LODGED**

Type of body	Private		Public	
Name of public / private body				
Registration number (if any)				
Name, surname and title of person you dealt with at the public or private body to try to resolve your complaint or request for access to information				
Postal Address				
Street Address				
E-mail Address				

Contact Numbers	Tel. (B):			Facsimile		
	Cellular					
Reference Number given (if any)						
<b>PART E COMPLAINT</b>						
<i>Tell us about the steps you have taken to try to resolve your complaint (Complaints should first be submitted directly to the public or private body for response and possible resolution)</i>						
Date on which request for access to records submitted.						
Please specify the nature of the right(s) to be exercised or protected, if a complaint is against a private body.						
Have you attempted to resolve the matter with the organisation?				Yes	No	
If yes, when did you receive it? (Please attach the letter to this application.)						
Did you appeal against a decision of the information officer of the public body?				Yes	No	
If yes, when did you lodge an appeal?						
Have you applied to Court for appropriate relief regarding this matter?				Yes	No	
If yes, please indicate when was the matter adjudicated by the Court? Please attach Court Order, if there is any.						
<b>PART F DETAILED TYPE OF ACCESS TO RECORDS</b>						
<i>(Please select one or more of the following to describe your complaint to the Information Regulator)</i>						
Unsuccessful appeal (Section 77A(2)(a) or section 77A(3)(a) of PAIA)	<i>I have appealed against the decision of the public body and the appeal is unsuccessful.</i>					
Unsuccessful application for condonation (Sections 77A(2)(b) and 75(2) of PAIA)	<i>I filed my appeal against the decision of the public body late and applied for condonation. The condonation application was dismissed.</i>					

Refusal of a request for access *I requested access to information held by a body and that (Section 77A(2)(c)(i) or 77A(2)(d)(i) request was refused or partially refused. or 77A(3)(b) of PAIA)*

*Tender or payment of the prescribed fee.*

The body requires me to pay a fee and I  
feel it is excessive (Sections  
22 or 54 of PAIA)

*The tender or payment of a deposit.*

Repayment of the deposit (Section *The information officer refused to repay a deposit paid 22(4) of PAIA in respect of a request for access which is refused.*

	<p><i>The body decided to extend the time limit for Disagree with time extension responding to my request, and I disagree with the (Sections 26 or 57 of PAIA) requested time limit extension or a time extension taken to respond to my access request.</i></p>	
Form of access denied (Section I requested access in a particular and reasonable form 29(3) or 60(a) of PAIA) and such form of access was refused.	<p><i>It is more than 30 days since I made my request and I</i></p>	
Deemed refusal (Section 27 or 58 of PAIA)	<p><i>Extension period has expired and no response was received.</i></p>	
Inappropriate disclosure of a record (Mandatory grounds for refusal of access)	<p><i>Records (that are subject to the grounds for refusal of access) have inappropriately/unreasonable been access to record) disclosed.</i></p>	
No adequate reasons for the refusal (Section 56(3)(a) of PAIA)	<p><i>My request for access is refused, and no valid or of access (Section 56(3)(a) of PAIA) adequate reasons for the refusal, were given, including the provisions of this Act which were relied upon for the refusal.</i></p>	
Partial access to record (Section Access to only a part of the requested records was 28(2) or 59(2) of PAIA) granted and I believe that more of the records should have been disclosed.		
Fee waiver (Section 22(8) or 54(8) I am exempt from paying any fee and my request to of PAIA) waive the fees was refused.		
Records that cannot be found or do not exist (Section 23 or 55 of PAIA) records do not exist and I believe that more records do exist.		
Failure to disclose records (Section 45 of PAIA) 50(1)(a) of PAIA)	<p><i>The Body indicated that some or all of the requested records, but I have not received them.</i></p>	
No jurisdiction (exercise or protection of any rights) (Section excluded from PAIA and I disagree.		
Frivolous or vexatious request (Section 45 of PAIA) frivolous or vexatious and I disagree.		
Other (Please explain)		

## PART G EXPECTED OUTCOME

How do you think the Information Regulator can assist you? Describe the result or outcome that you seek.

## PART H AGREEMENTS

**The legal basis for the following agreements is explained in the Privacy Notice on how to file your complaint document. In order for the Information Regulator to process your complaint, you need to check each one of the checkboxes below to show your agreement:**

I agree that the Information Regulator may use the information provided in my complaint to assist it in researching issues relating to the promotion of the right of access to information as well as the protection of the right to privacy in South Africa. I understand that the Information Regulator will never include my personal or other identifying information in any public report, and that my personal information is still protected by the Protection of Personal Information Act, 2013 (Act No. 4 of 2013). I understand that if I do not agree, the Information Regulator will still process my complaint.

The information in this Complaint Form is true to the best of my knowledge and belief.

I authorize the Information Regulator to collect my personal complaint information (such as the information about me in this complaint form) and use it to process my human rights complaint relating to the right of access to information and / or the protection of the right to privacy.

I authorise anyone (such as an employer, service provider, witness) who has information needed to process my complaint to share it with the Information Regulator. The Information Regulator can obtain this information by talking to witnesses or asking for written records. Depending on the nature of the complaint, these records could include personnel files or employer data, medical or hospital records, and financial or taxpayer information.

If any of my contact information changes during the complaint process, it is my responsibility to inform the Information Regulator; otherwise my complaint could experience a delay or even be closed.

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Complainant/Representative/Authorised person of Third party