

FIRST SCHEDULE

(rule 14(3))

Form A

COMPLAINT AGAINST CONSTITUTIONAL APPOINTEE

1.Full name of complainant

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2.Title of complainant: (Dr., Prof., Mr, Mrs, Miss,etc.)

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3. Physical Address of complainant

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4.If complainant is a company or other entity such as a non-governmental organisation, full name of company or entity.....

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5.Full name and title (e.g. company secretary, etc.) of person representing the company or other entity.

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6.Full Name and title of constitutional appointee in respect of whom complaint is being lodged

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7. Date, time and place at which the inability to perform was first observed, misbehaviour took place

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8. Full description of the inability to perform or misbehaviour

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Please continue on separate sheet(s) if necessary and attach securely to this form

8. Date complaint lodged:/...../20.....
(Day)/ month/ year)

9. Please specify how you would like to receive acknowledgement of receipt of your complaint:

email: (please provide e: mail address)

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(specify if different from mailing address already provided)

9. Signature of Complainant

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