

COMPLAINT FORM
BETWEEN AN MBA BOLAND MEMBER AND THEIR CLIENT

Complaint Notes:

1. This Complaint Form is for the year ending **June 2018**, after which this form will not be valid for use with MBA BOLAND.
2. Please fill in all the relevant sections of this form where necessary.
3. Please note this Complaint Form is only for up to date members of MBA BOLAND.
4. Once completed send to:

Boland Master Builders Association

Attention: Riël Haupt

Via email: legal@mbaboland.org.za

manager@mbaboland.org.za

Or Via Post: PO Box 1402

SOUTHERN PAARL

7624

SECTION 1

Complainants Details

Title: Initials: Surname:

Physical Address:

Postal Address:

Telephone: Cell:

Fax: Email:

Are you available to talk to during the day? Yes No

SECTION 2

Builder / Contractors Details

Company Name: Membership Number:

Contact Person:

Physical Address:

Postal Address:

Telephone:

Cell:

Fax:

Email:

SECTION 3

Property Details (if different from Complainant's address)

Unit Number:

Erf Number:

Street Number:

Township:

Extension:

Region:

Owner?

Yes

No

SECTION 4

Type of Complaint

Payment Dispute

3 Month non-compliance period

1 Year Roof Leakage

5 Year Structural defect

Contractual Dispute

Other (please specify in area below)

SECTION 5

Details of Complaint

Date the work started

OR Date work completed

What agreement was used

Total Cost of Work

R

How much was paid so far?

R

**SECTION 6
Declaration**

1. I/we hereby declare that the details provided are true and correct to the best of my knowledge.
2. I/we have given written notice of the damage/dispute to the Member before date of submission of this Complaint Form.
3. **I/we have given the Member reasonable access and opportunity to resolve my complaint.**
4. I/we consent to the MBA Boland forwarding my complaint to the affected Member.

Signature

Date