

Ekurhuleni Metropolitan Municipality

Solid Waste Management, P.O. Box 215, Boksburg, 1460, Boksburg Civic Centre,
C/O Commissioner and Trichards roads, Boksburg.

CUSTOMER COMPLAINT FORM	
DATE:	
TIME:	
TYPE OF WASTE:	
LANDFILL SITE: Rietfontein/Springs landfill site	
CUSTOMER DETAILS	
TRANSPORTER:	
Name:	
Contact person	
Contact number:	
Fax number:	
WASTE GENERATOR	
Name:	
Contact person:	
Contact number:	
Fax number:	
COMPLAINT DETAILS	
Please write a paragraph detailing the complaint. This should be very specific, with adequate detail to enable the complaint to be followed up and the problem addressed efficiently. Please write attach a separate page should this space not be sufficient. Supporting documentation should also be attached.	
COMPLAINANT DETAILS	
Print name:	
Contact number:	
Fax number:	
SIGNATURE:	DATE

FOLLOW UP

INVESTIGATION DETAILS

Complaint received by:
Date:
Complaint investigated by:
PLEASE NOTE: Unless there are extenuating circumstances the complaint must be investigated and closed out within one week of being received.

FINDINGS

Please write a paragraph detailing the findings of the investigation. If the space provided below is not adequate then please attach a separate sheet.

Multiple empty rows for writing findings.

FOLLOW UP ACTIONS

Please specify the actions to be taken in order to rectify the problem. If the space provided is not adequate then please attach a separate sheet.

ACTION	BY WHOM	BY WHEN

INVESTIGATOR DETAILS

Print name:

SIGNATURE: | **DATE:**

LANDFILL MANAGER

Print name:

SIGNATURE: | **DATE:**