

Complaint Form

Uplifting Standards

Tel: 08610 Plumber (75862)

Fax: 086 618 6966

Email: info@iopsa.org.za

SECTION 1 CONSUMER COMPLAINANT

NAME AND SURNAME: HOME NO:

ADDRESS: CELL NO:

WORK NO:

EMAIL:

CITY/REGION: CODE:

SECTION 2 MEMBER DETAILS

TRADING NAME: CELL NO:

ADDRESS: WORK NO:

EMAIL:

MEMBERSHIP NO: (IF KNOWN)

CITY/REGION: CODE:

SECTION 3 PLUMBING INSTALLATION

ADDRESS:

CITY/REGION: CODE:

NAME OF BUILDING: (WHERE RELEVANT)

TYPE OF PREMISES (MARK X)

DOMESTIC

COMMERCIAL

INDUSTRIAL

OTHER, SPECIFY BELOW:

SECTION 4 NATURE OF THE PLUMBING WORK COMPLAINED ABOUT

TYPE OF PREMISES (MARK X)

NEW PLUMBING INSTALLATION

ALTERATION TO AN EXISTING PLUMBING INSTALLATION

COMPLETE UPGRADE OF PLUMBING INSTALLATION

PLUMBING MAINTENANCE WORK CARRIED OUT

OTHER, SPECIFY BELOW:

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SECTION 5 FURTHER DETAILS OF PLUMBING WORK COMPLAINED ABOUT

(MARK X AS APPROPRIATE)

IS THE PLUMBING INSTALLATION WORK CARRIED OUT OR REPORTED ON AVAILABLE FOR INSPECTION?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

WAS THE WORK COVERED BY A WRITTEN SPECIFICATION, QUOTE, CONTACT OR BILL OF QUANTITIES?

<input type="checkbox"/>	<input type="checkbox"/>
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THE DATE WHEN YOU FIRST ADVISED THE RELEVANT MEMBER ABOUT THE MATTER IN WRITING?

DAY / MONTH / YEAR

HAS THE RELEVANT MEMBER REPLIED TO YOU IN WRITING CONCERNING THE MATTER? IF YES PLEASE STATE DATE OF REPLY.

<input type="checkbox"/>	<input type="checkbox"/>
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DAY / MONTH / YEAR

DOES THE COMPLAINT INVOLVE FINANCIAL ISSUES?

<input type="checkbox"/>	<input type="checkbox"/>
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HAS THE WORK BEEN CORRECTED OR WORKED ON BY OTHERS SINCE THE SUBMISSION OF THIS COMPLAINT?

<input type="checkbox"/>	<input type="checkbox"/>
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SECTION 6 DETAILS OF YOUR COMPLAINT AND ANY REMEDIAL ACTION TAKEN BY RELEVANT MEMBERS

WHAT ASPECTS OF THE PLUMBING ELECTRICAL WORK DO YOU CONSIDER TO BE UNSAFE OR UNSATISFACTORY AND WHY?

WHAT REMEDIAL ACTION, IF ANY, HAS THE RELEVANT MEMBER TAKEN REGARDING THE ABOVE MATTER?

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SECTION 7 DECLARATION

I, THE COMPLAINANT NAMED IN SECTION A, HEREBY DECLARE THAT:

- I HAVE READ THE SEPARATE IOPSA GAUTENG INFORMATION SHEET ON COMPLAINTS PROCEDURE.
- I AM WILLING AND ABLE TO ALLOW THE MEMBER OF INSTITUTE NAMED AT SECTION B TO BE PRESENT AT ANY INSPECTIONS CARRIED OUT BY THE IOPSA GAUTENG. I ALSO AGREE TO ARRANGE ACCESS FOR SUCH INSPECTIONS IF REQUIRED TO DO SO.
- I AM WILLING AND ABLE TO ALLOW THE MEMBER OF THE INSTITUTE NAMED AT SECTION B REASONABLE ACCESS TO CARRY OUT ANY NECESSARY REMEDIAL WORKS. I ALSO AGREE TO ARRANGE ACCESS IF REQUIRED TO DO SO.
- TO THE BEST OF MY KNOWLEDGE AND BELIEF THE DETAILS GIVEN ON THIS FORM ARE COMPLETE AND CORRECT, AND REQUEST THE IOPSA GAUTENG TO INVESTIGATE MY COMPLAINT

NAME:

SIGNED:

DAY / MONTH / YEAR

DATE: