



**NATIONAL BARGAINING  
COUNCIL**  
FOR THE PRIVATE SECURITY SECTOR

Central Office Park, Block A , No.100, 16th Road,  
Randjespark, Midrand 1685

Email: [complaints@nbcps.org.za](mailto:complaints@nbcps.org.za)

Contact: +27 10 800 2321

**COMPLAINT FORM**

**Details of the Employee or Referring Party**

Name and Surname \_\_\_\_\_

ID/Passport No. \_\_\_\_\_

Employee Number \_\_\_\_\_

Job Description \_\_\_\_\_

Date Employed \_\_\_\_\_

Address of Complainant \_\_\_\_\_

Email Address \_\_\_\_\_

Cellnumber \_\_\_\_\_

Alternative Cell Number \_\_\_\_\_

**Details of the Employer**

Name of Employer \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

Address of Employer \_\_\_\_\_

Email Address \_\_\_\_\_

Cellnumber \_\_\_\_\_

Fax \_\_\_\_\_



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**Nature of Complaint**

*Please provide additional information such as Payslips, Contract of Employment etc*

Statutory Violation (Main Collective Agreement Clause)

Brief Explanation

Union Membership YES   NO

Name of Union \_\_\_\_\_

Union Representative Involved \_\_\_\_\_

Signature of Union Involved \_\_\_\_\_



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

Signature of Employee \_\_\_\_\_

NBCPSS Representatvie \_\_\_\_\_

Union Representative \_\_\_\_\_

*Please fill in the entire form and attach all supporting documents and email to [complaints@nbcps.org.za](mailto:complaints@nbcps.org.za) Queries (+27) 10 800 2321*

**For Office Use :**

Designated Agent Assigned \_\_\_\_\_

Date Received At Salt \_\_\_\_\_

Resolved? \_\_\_\_\_

Comments \_\_\_\_\_

Signed \_\_\_\_\_



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**AFFIDAVIT**

I \_\_\_\_\_state under oath in English:  
I am a male/female. \_\_\_\_\_ Year old, with identity number \_\_\_\_\_  
Residing at \_\_\_\_\_ telephone  
number \_\_\_\_\_employed at \_\_\_\_\_  
\_\_\_\_\_ Telephone number \_\_\_\_\_ as a \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
I KNOW AND UNDERSTAND THE CONTENT OF THIS STATEMENT.  
I HAVE NO OBJECTION TO TAKING THE PRESCRIBED OATH.  
I CONSIDER THE PRESCRIBED OATH TO BE BINDING ON MY CONSCIENCE.

\_\_\_\_\_  
Signature of Deponent

I CERTIFY THAT THE ABOVE STATEMENT WAS TAKEN DOWN BY ME AND THAT THE DEPONENT HAS ACKNOWLEDGED THAT HE/SHE KNOWS AND UNDERSTAND THE CONTENTS OF THIS STATEMENT. THIS STATEMENT WAS SWORN TO/AFFIRMED BEFORE ME AND THE DEPONENTS SIGNATURE/MARK/THUMB PRINT WAS PLACED IN MY PRESENCE AT BEDFORDVIEW ON \_\_\_\_/\_\_\_\_/\_\_\_\_ AT \_\_\_\_\_

\_\_\_\_\_  
Signature of Commissioner of Oath  
Full Names: \_\_\_\_\_