



COMPLAINT FORM

Details of the Employee or Referring Party

Name and Surname _____

ID/Passport No. _____

Employee Number _____

Job Description _____

Grade (If security officer) A B C D E

Position held (If not security officer) _____

Date Joined the Company _____

Date Resigned/Dismissed _____

Site (Where you conduct your work) _____

Physical Address of Complainant _____

Email Address _____

Cell Number _____

Alternative Number _____

Details of the Employer

Company Name _____

Name of Supervisor _____

Physical Address of Employer _____

Email Address _____

Contact Number _____





Please provide additional information such as Proof of Membership List, Calculations, and any other relevant evidence e.g., Payslips, Contract of Employment etc.

Supporting Documents attached:

Payslip

Bank statement

I.D Copy

Contract of Employment

Nature of Complaint

Contravention	✓	Period (Date)		Amount (R)
		From	To	
Allowances				
Annual Leave				
Basic Salary Underpayment				
Non-payment of Annual Bonus				
Non-payment of Overtime				
Non-payment of work on a Public Holiday				
Non-payment of Sunday work				
Non-payment of Sick Leave				
Unlawful Deduction				
Other (explain)				

Brief Explanation





Signed at _____ on this day _____ of _____ 20 _____

Signature of Employee _____

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

For Office Use:

NBCPSS Representative Name _____

NBCPSS Representative Signature _____

Date Received _____

Date sent to complaints mailbox _____





PROTECTION OF PERSONAL INFORMATION ACT, 4 OF 2013

By signing this complaint form, I/we hereby grant my/our voluntary consent that my/our personal information may be processed, collected, used, and disclosed in compliance with the Protection of Personal Information Act, 4 of 2013. I/we furthermore agree that my/our personal information may be used for the lawful and reasonable purposes in as far as the NBCPSS must use my/our information in the performance of its legal obligation. I/we understand that my/our personal information may be disclosed to a third party in as far as the NBCPSS must fulfil its legal obligation. I/we furthermore understand that there are instances in terms of abovementioned Act where my express consent is not necessary to permit the processing of personal information, which may be related to litigation or when the information is publicly available. Further details are available on the NBCPSS website.

SIGNED AT _____ ON THIS _____ DAY OF _____ 202__

INITIAL AND SURNAME: _____

SIGNATURE: _____

