



APPENDIX E – COMPLAINT

FORM 5 LODGING OF COMPLAINT

[Regulation 10.]

Note:

- This form is designed to assist the Requester (hereinafter referred to as "the Complainant") in requesting a review of a public or private body's response or non-response to a request for access to records under the Promotion of Access to Information Act, 2000 (Act No. 2 of 2000) ("PAIA"). Please fill out this form and send it to the Information Regulator or complete the online complaint form available at <https://www.justice.gov.za/infoereg/>.*
1. *PAIA gives a member of the public a right to file a complaint with the Information Regulator about any of the nature of complaints detailed in part E of this complaint form.*
 2. *It is the policy of the Information Regulator to defer investigating or to reject a complaint if the Complainant has not first given the public or private body (herein after referred to as "the Body") an opportunity to respond to and attempt to resolve the issue. To help the Body address your concerns prior to approaching the Information Regulator, you are required to complete the prescribed PAIA form and submit it to the Body.*
 3. *A copy of this form will be provided to the Body that is the subject of your complaint. The information you provide on this form, attached to this form or that you supply later, will only be used to attempt to resolve your dispute, unless otherwise stated herein.*
 4. *The Information Regulator will only accept your complaint once you confirm having complied with the prerequisites below.*
 5. *Please attach copies of the following documents, if you have them:*
 - *Copy of the form to the Body requesting access to records;*
 - *The Body's response to your complaint or access request;*
 - *Any other correspondence between you and the Body regarding your request;*
 - *Copy of the appeal form, if your complaint relates to a public body;*
 - *The Body's response to your appeal;*
 - *Any other correspondence between you and the Body regarding your appeal;*
 - *Documentation authorizing you to act on behalf of another person (if applicable);*
 - *Court order or court documents relevant to your complaint, if any.*
 6. *If the space provided for in this Form is inadequate, submit information as an Annexure to this Form and sign each page.*

TO: The Information Regulator
P.O Box 31533
Braamfontein,
2017

E-mail address: infoereg@justice.gov.za

Tel number: +27 (0) 10 023 5200

CAPACITY OF PERSON/PARTY LODGING A COMPLAINT

(Mark with an "X")

☐

Complainant
personally

☐

Representative of complainant



Province of the
EASTERN CAPE
HEALTH

☐

Third party

PREREQUISITES				
Did you submit request (PAIA form) for access to record of a public/private body?	Yes		No	
Has 30 days lapsed from the date on which you submitted your PAIA form?	Yes		No	
Did you exhaust all the internal appeal procedure against a decision of the Deputy Information Officer of a public body?	Yes		No	
Have you applied to Court for appropriate relief regarding this matter?	Yes		No	

FOR INFORMATION REGULATOR'S USE ONLY			
Received by: (Full names)			
Position:			
Signature:			
Complaint accepted:	Yes		No
Reference Number:			

Date stamp

Postal address	Facsimile	Other electronic communication (Please specify)

PART A PERSONAL INFORMATION OF COMPLAINANT			
Full names:			
Identity number:			
Postal Address:			
Street Address:			
E-mail Address:			
Contact numbers:	Tel. (B):	Facsimile	
	Cellular		

PART B REPRESENTATIVE INFORMATION	
(Complete only if you will be represented. A Power of Attorney must be attached if complainant is represented, failing which the complaint will be rejected)	
Full names of representative:	



Nature of representation:			
Identity number/Registration number:			
Postal Address:			
Street Address:			
E-mail Address:			
Contact numbers:	Tel. (B):	Facsimile	
	Cellular		
PART C THIRD PARTY INFORMATION <i>(Please attach letter of authorisation)</i>			
Type of body:	Private		Public
Name of *public/private body:			
Registration number (if any):			
Name, surname and title of person authorised to lodge complaint:			
Postal Address:			
Street Address:			
E-mail Address:			
Contact numbers:	Tel. (B):	Facsimile	
	Cellular		
PART D BODY AGAINST WHICH COMPLAINT IS LODGED			
Type of body:	Private		Public
Name of *public/private body:			
Registration number (if any):			
Name, surname and title of person you dealt with at the private/public body to try to resolve your complaint or request to access of information.			
Postal Address:			
Street Address:			
E-mail Address:			
Contact numbers:	Tel. (B):	Facsimile	
	Cellular		
Reference number given (if any):			



**PART E
COMPLAINT**

Tell us about the steps you have taken to try to resolve your complaint (Complaints should first be submitted directly to the public body for response and possible resolution; there are limited exceptions)

Date on which request for access to records submitted:			
Please specify the nature of the right(s) to be exercised or protected, if a complaint is against a private body:			
Have you attempted to resolve the matter with the organisation?	Yes		No
If yes, when did you receive it? (Please attach the letter to this application.)			
Did you appeal against a decision of the Deputy Information Officer of the public body?	Yes		No
If yes, when did you lodge an appeal?			
Have you applied to Court for appropriate relief regarding this matter?	Yes		No
If yes, please indicate when was the matter adjudicated by the Court? Please attach Court Order, if there is any.			

**PART F
DETAILED TYPE OF ACCESS TO RECORDS**

(Please select one or more of the following to describe your complaint to the Information Regulator)

Unsuccessful appeal: (Section 77A(2)(a) or section 77A(3)(a) of PAIA)	<i>I have appealed against the decision of the public body and the appeal is unsuccessful.</i>	
Unsuccessful application for condonation: (Sections 77A(2)(b) and 75(2) of PAIA)	<i>I have filed my appeal against the decision of the public body late and applied for condonation. The condonation application was dismissed.</i>	
Refusal of a request for access: 77A (2) (c) (i) or 77A (2) (d) (i) or 77A (3) (b) of PAIA)	<i>I requested access to information held by a body and that request was refused or partially refused.</i>	
The body requires me to pay a fee and I feel it is excessive: (Sections 22 or 54 of PAIA)	<i>Tender or payment of the prescribed fee.</i>	
	<i>The tender or payment of a deposit.</i>	
Repayment of the deposit: (Section 22 (4) of PAIA)	<i>The Deputy Information Officer refused to repay a deposit paid in respect of a request for access which is refused.</i>	



Province of the
EASTERN CAPE
HEALTH

Disagree with time extension: (Sections 26 or 57 of PAIA)	<i>The body decided to extend the time limit for responding to my request, and I disagree with the requested time limit extension or a time extension taken to respond to my access request.</i>	
Form of access denied: (Section 29 (3) or 60 (a) of PAIA)	<i>I requested access in a particular and reasonable form and such form of access was refused.</i>	
Deemed refusal: (Section 27 or 58 of PAIA)	<i>It is more than 30 days since I made my request and I have not received a decision.</i>	
	<i>Extension period has expired and no response was received.</i>	
Inappropriate disclosure of a record: (Mandatory grounds for refusal of access to record)	<i>Records (that are subject to the grounds for refusal of access) have inappropriately/unreasonable been disclosed.</i>	
No adequate reasons for the refusal of access: (Section 56 (3) (a) of PAIA)	<i>My request for access is refused, and no valid or adequate reasons for the refusal were given, including the provisions of this Act, which were relied upon for the refusal.</i>	
Partial access to record: (Section 28 (2) or 59 (2) of PAIA)	<i>Access to only part of the requested records was granted and I believe that more of the records should have been disclosed.</i>	
Fee waiver: (Section 22 (8) or 54 (8) of PAIA)	<i>I am exempt from paying any fee and my request to waive the fees was refused.</i>	
Records that cannot be found or do not exist: (Section 23 or 55 of PAIA)	<i>The Body indicated that some or all of the requested records do not exist and I believe that more records do exist.</i>	
Failure to disclose records:	<i>The Body decided to grant me access to the requested records, but I have not received them.</i>	
No jurisdiction (exercise or protection of any rights): (Section 50 (1) (a) of PAIA)	<i>The Body indicated that the requested records are excluded from PAIA and I disagree.</i>	
Frivolous or vexatious request: (Section 45 of PAIA)	<i>The Body indicated that my request is manifestly frivolous or vexatious and I disagree.</i>	
Other: (Please explain):		
PART G EXPECTED OUTCOME How do you think the Information Regulator can assist you? Describe the result or outcome that you seek.		



Province of the
EASTERN CAPE
HEALTH

**PART H
AGREEMENTS**

The legal basis for the following agreements is explained in the Privacy Notice on how to file your complaint document. In order for the Information Regulator to process your complaint, you need to check each one of the checkboxes below to show your agreement:

☐

I agree that the information Regulator may use the information provided in my complaint to assist it in researching issues relating to the promotion of the right of access to information as well as the protection of the right to privacy in South Africa. I understand that the Information Regulator will never include my personal or other identifying information in any public report, and that my personal information is still protected by the Protection of Personal Information Act, 2013 (Act No. 4 of 2013). I understand that if I do not agree, the Information Regulator will still process my complaint.

☐

The information in this Complaint Form is true to the best of my knowledge and belief.

☐

I authorize the Information Regulator to collect my personal complaint information (such as the information about me in this complaint form) and use it to process my human rights complaint relating to the right of access to information and / or the protection of the right to privacy.

☐

I authorise anyone (such as an employer, service provider, witness) who has information needed to process my complaint to share it with the Information Regulator. The Information Regulator can obtain this information by talking to witnesses or asking for written records. Depending on the nature of the complaint, these records could include personnel files or employer data, medical or hospital records, and financial or taxpayer information.

☐

If any of my contact information changes during the complaint process, it is my responsibility to inform the Information Regulator; otherwise my complaint could experience a delay or even be closed.

Signed at _____ this _____ day of _____ 20____

Complainant/Representative/Authorised person of Third party