

## Completed forms must be emailed to

Gauteng, Limpopo and North West - gp-complaints@csos.org.za KwaZulu-Natal, Free State and Mpumalanga - kzn-complaints@csos.org.za Western Cape, Eastern Cape and Northern Cape - wc-complaints@csos.org.za

Affordable Reliable Justice

## **APPLICATION FOR DISPUTE RESOLUTION FORM**

Kindly complete the form in a legible manner and all pages must be completed.

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DETAILS OF APPLICATION/ALLEGED BREACH:
Please legibly set out all the facts which you consider to have bearing on this application, including dates, places and persons involved.
EXHAUSTION OF INTERNAL REMEDIES:
What has been done to try to resolve this application? Please describe what you have done, who you have talked to and what they offered to do.
RELIEF SOUGHT:
What remedy are you requesting? How do you want the problem to be solved?

ADDITIONAL INFORMATION:
SUPPORTING DOCUMENTATION
Please tick one or more of the boxes √
I have supporting documentation or other evidence to supply with my application:
There supporting decimentation of earlier to supply man my approximent
A copy of Scheme Governance documentation (including: any rules, regulations, articles, constitution, terms and conditions or
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