



COMPLAINT FORM

1. Details of Complainant:

Title and Full Names of Complainant:

Identity/Passport Number:

HPCSA number:

SASLHA number:

Cell phone number:

Landline number

Email:

2. Details of SASLHA member/council member whom the complaint is lodged against:

Full Name and Surname:

Details of Complaint (or attach to this form)

3. Signature of Complainant: _____ **Date:** _____