



**OFFICE OF THE DPCI JUDGE  
REPUBLIC OF SOUTH AFRICA**

Private Bag X 102, Pretoria 0001, 246 Paul Kruger Street, 1<sup>st</sup> Floor, Protea Towers Building, Pretoria.  
Tel: (012) 324 7435/ 8417, Fax (012) 393 2536/8, Website: [www.dpcijudge.gov.za](http://www.dpcijudge.gov.za),  
Email address: [Complaints@dpcijudge.gov.za](mailto:Complaints@dpcijudge.gov.za)

**COMPLAINT REPORTING FORM**

|   |  |                      |
|---|--|----------------------|
| <p><b>NOTE:</b> If additional space is required to provide information, use a Continuation Sheet and refer item number which is supplemented.</p> <p>Please complete all items to the extent possible to enable the Office of the DPCI Judge to locate persons who are important to the investigation of this complaint</p> | 1. Date/Time of complaint:   | 2. Complaint Ref No: |
|   | 3. Method of Receipt<br><input type="checkbox"/> In person<br><input type="checkbox"/> Written<br><input type="checkbox"/> Email<br><input type="checkbox"/> Fax | 4. SAPS CAS/CR No:   |

|   |  |
|---|--|
| 5. Complainant's Name and Surname   |  |
| 6. Complainant's ID No:   |  |
| 7. Complainant's date of birth  |  |
| 8. Complainant's Address  |  |
| 9. City/Town/Province   |  |
| 10. Complainant's Telephone Number  |  |
| 11. Complainant's Work address  |  |
| 12. Complainant's Work Telephone Number   |  |
| 13. Name of Closest Relative/Neighbour  |  |
| 14. Relative/Neighbour street address   |  |
| 15. Relative/Neighbour Telephone Number   |  |
| 16. City/Town/Province  |  |
| 17. Nature of investigation of the Directorate for Priority Crime Investigation |  |
| 18. Category 1 Complaint of the public:   |  |

|  |  |
|--|--|
| <p>Give full details of serious and unlawful infringement of your rights caused by the Investigation of the Directorate for Priority Crime Investigation.</p> <p>Category 2 Complaint by a member of the Directorate for Priority Crime Investigation: Give full details of improper influence or interference whether of a political or any other nature, exerted upon him or her regarding the conducting of an investigation.</p> |  |
| <p><b>NOTE:</b> In respect of both categories of complaints the nature and availability of evidence to support the complaint are required.</p>   |  |

|  |                               |  |
|--|-------------------------------|--|
| <p>19. Name and details of possible witnesses to support complaint</p> | <p>1.</p> <p>2.</p> <p>3.</p> |  |
|--|-------------------------------|--|

|                                 |                                |
|---------------------------------|--------------------------------|
| 20. Witness 1<br>Street Address | 21. Witness 1<br>Other Name    |
| 22. City/Town/Province          | 23. Witness 1 Telephone Number |
| 24. Witness 2<br>Street Address | 25. Witness 2<br>Other Name    |
| 26. City/Town/Province          | 27. Witness 2 Telephone Number |
| 28. Witness 3<br>Street Address | 29. Witness 3<br>Other name    |
| 30. City/Town/Province          | 31. Witness 3 Telephone Number |

|   |                  |
|---|------------------|
| <p>32. Name(s) and details of Respondent(s)</p> | 33. Respondent 1 |
|   | 34. Respondent 2 |
|   | 35. Respondent 3 |

**COMPLAINT CERTIFICATION**

I have been advised that the filing of a false report may constitute defeating the ends of justice, or in appropriate cases perjury, which are criminal offence, and I hereby certify that all of the information contained in this Complaint Reporting Form as well as any supporting Continuation Sheets is true and correct to the best of my knowledge and belief

Date: \_\_\_\_\_ Signature/Mark of Complainant

Date: \_\_\_\_\_ Signature of Witness

|                                  |                               |   |
|----------------------------------|-------------------------------|---|
| 36. Printed Name of Report Taker | 37. Signature of Report Taker | 38. Number of Continuation Completed and Attached |
|----------------------------------|-------------------------------|---|

**FOR USE OF PERSONNEL OF DPCI JUDGES'S OFFICE ONLY**

|  |                        |  |
|--|------------------------|--|
| <p>39. Preliminary Classification:</p> <p><input type="checkbox"/> Category 1</p> <p><input type="checkbox"/> Category 2</p> | 40. Other observations |  |
|--|------------------------|--|

.....

**TEAR OR CUT ALONG THIS LINE**

**IMPORTANT- DO NOT LOSE THIS RECEIPT**

This is a receipt for the complaint you have just filled. It bears a Complaint Number in the lower right hand box which identifies the complaint. Please make sure that the numbers are the same as in box no.2 on the form, before you accept this Receipt. Any future communication concerning this matter should refer to the Complaint Number. If you have additional Information or questions, you may call the Office of the DPCI Judge at Tel: ..... during the hours 08h00 to 16h00. You will be contacted during the processing of this matter and at the time a decision is reached concerning a final disposition. Thank you for your assistance.

**The Office of the DPCI Judge**

**Street address:**.....

**Postal address:**.....

**Email:**.....

|                          |                           |  |                  |
|--------------------------|---------------------------|--|------------------|
| Printed Name of Reporter | Signature of Report Taker | Number of Continuation Sheets Completed and Attached | Complaint Number |
|--------------------------|---------------------------|--|------------------|