



1<sup>st</sup> Floor, Quadrum 1  
Quadrum Office Park  
50 Constantia Boulevard  
Constantia Kloof Ex 28

**Independent** Trustee Services

Tel: (011) 675 2092  
(087) 809 3524  
Fax: (086) 613 3809

# Client Complaint Form

Please use this form to tell us about your complaint and enclose of correspondence and other paper that will help us investigate your complaint. Should you need assistance to complete this form, kindly contact us on (011) 675 2092. **N.B.** A copy of this form and any of the enclosed information will be sent to the party you are complaining about. The form, together with supporting documentation can be returned via email to [complaints@its-mail.co.za](mailto:complaints@its-mail.co.za). Alternatively, you can post it to 1<sup>st</sup> Floor, Quadrum 1, Quadrum Office Park, 50 Constantia Boulevard, Constantia Kloof Ex28, 1709.

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## Client Information

Your First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Your Street Address: \_\_\_\_\_

Your city: \_\_\_\_\_ Province: \_\_\_\_\_

Your Country: \_\_\_\_\_ Area Code: \_\_\_\_\_

Your Phone Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Your Email Address: \_\_\_\_\_

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## Complaint is Against

Company: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address (*If known*): \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Country: \_\_\_\_\_ Area Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Person you dealt with: \_\_\_\_\_



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## What Attempts have you made to correct it

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## How Would you like to have the problem resolved?

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## Consent and Verification

I declare the information I have provided is true and accurate. The information I have provided in this complaint form is based upon my personal knowledge. I understand that Independent Trustee Services does not give legal advice and cannot take legal action for me. I am filing this document to notify Independent Trustee Services of this business/individual and to seek any assistance available.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_