

LIFTING EQUIPMENT ENGINEERING ASSOCIATION OF SOUTH AFRICA



Head Office,
389c Ontdekkers rd,
Florida,
Johannesburg,
South Africa
www.leeasa.co.za
admin@leeasa.co.za

Complaint Affidavit

I, the undersigned,

Your Name & Surname _____

Do hereby declare under oath the following.

1. I am the complainant in this matter,

An adult (Gender) _____

Occupation _____

and I reside at Physical Address:

Telephone Number _____

2. The contents herein contained fall within my personal knowledge unless the contrary appears here from.

3. The person against whom this complaint is lodged (hereinafter referred to as
"the registered person"

Name & Surname _____

Chairman: Ashley Davis
Cell: +27 82 856 0966
email: ashley@leeasa.co.za

Vice Chair: Surita Marx
Cell: +27 83 281 5761
email: surita@leeasa.co.za

ECSA recognized and approved Voluntary Association - VA Number A0048

ECSA CPD Licensed Body Number LB_016/2023

INITIAL: _____

Registration number if known.

LME: _____

LMI: _____

LEEASA: _____

An adult (Gender) _____

Occupation _____

who resides at?

Physical Address (if known to complainant)

The registered person has ordinarily carried on business at.

Physical Address (if known to complainant)

Name and address of company that registered person works for (if known to complainant).

4. Other persons involved in this matter are (details of others involved in the matter, e.g., Project Manager, Architect and their level of involvement.)

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email: ashley@leeasa.co.za

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INITIAL: _____

5. I am dissatisfied with (outline clearly what you are dissatisfied with, provide specific information, including dates, work agreed on, the Rules of Conduct (Board Notice 41 of 2017) which have been allegedly transgressed)

6. I have attached the following documents:

- | | | |
|--|-------------------------------------|-------------------------------------|
| a. LMI Certificate | ☒ | ☒ |
| b. LME Certificate | ☒ | ☒ |
| c. LEEASA Certificate | ☒ | ☒ |
| d. (any documents and or records including electronic data relating to the work, drawings, designs, reports, specifications, calculations, contractual documents, built records or plans, photographs or the like which will serve to illustrate or substantiate any of the complaint) | | |

7. I know and understand the contents of this declaration.

Vice Chair: Surita Marx
Cell: +27 83 281 5761
email: surita@leeasa.co.za

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INITIAL:

I have no objection to taking the prescribed oath.
I consider the prescribed oath as binding on my conscience.

Name & Surname: _____

Deponent Signature: _____

Date: _____

COMMISSIONER OF OATHS

It is hereby certified that the aforesaid declaration was signed and sworn in my presence on this day and the deponent having confirmed and acknowledged:

- That he/she knows and understands the contents of this declaration.
- That he/she has no objection to taking the prescribed oath.
- That he/she considers the prescribed oath as binding on his/her conscience.

Name & Surname: _____

Signature: _____

Date: _____

Address:

Rank/office held:

Chairman: Ashley Davis
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INITIAL: _____

Area for which appointed:

NOTES:

The first step is to seek clarity or attempt to resolve matters directly with the registered person. If you are still unable to resolve the issue(s), please fill in the complaint affidavit.

The complaint affidavit must be in **English**, preferably typed for eligibility purposes. If hand-written, it should be eligible for ease of reading.

If you are a registered person, please include your registration number and discipline.

A copy of the complaint and supporting evidence will be made available to the registered person concerned in terms of the "***audi alteram partem* rule**".

(Audi alteram partem (or audiatur et altera pars) is a Latin phrase meaning "listen to the other side", or "let the other side be heard as well". It is the principle that no person should be judged without a fair hearing in which each party is given the opportunity to respond to the evidence against them.)

Please send the completed affidavit and supporting documents via email, courier or hand delivery, to (we do not advise using post, due to the lengthy duration it might take to reach our offices and thus delay processing of the complaint):

Email: admin@leeasa.co.za

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Cell: +27 82 856 0966
email: ashley@leeasa.co.za

Vice Chair: Surita Marx
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INITIAL: _____