



IPC01A

A. PARTICULARS OF COMPLAINANT:

1. Full name & Surname:

2. Identity Number:

3. Home Address:

4. Home Telephone Number:

5. Employer:

6. Work Address:

7. Work Telephone Number:

8. Email Address:

B. PARTICULARS OF MEMBER COMPLAINED AGAINST:

9. Full name & Surname:

10. Identity Number:

11. SAIS Membership Number:

12. Employer / Particulars of Practice:

13. Work Address:

14. Work Telephone Number:

15. Email Address:

16. Fax Number:

Signed at _____ on this _____ day of _____ 20__

Complainant