## SAIBA Complaint form – Standards/Professional Conduct

Before completing this form, please read the guide <u>Disciplinary Procedure</u> as there are some types of complaints that do not fall within our jurisdiction.

If you have not already raised your complaint with the individual or firm, we may not be able to consider it. Please refer to our website for details of how to approach the firm and an example of a letter to send. If you need help locating it please call (012) 643 1800 or email complaints@saiba.org.za.

Take note that SAIBA entirely relies on the information furnished by the complainant to effectively conduct its investigations. SAIBA does not have the authority to presume the facts, therefore it is important to furnish all the relevant information to assist in dealing with the complaint.

1.1 Title:   Mr.   Mrs.   Ms.   Miss   Other
Forename
Surname
Address
Postcode Tel (home)
Tel (work) Tel (mobile)
Email Address
1.2 I confirm that SAIBA may use my email as the address for correspondence. Yes $^\square$ No $^\square$
1.3 Which number should we contact you on? Work $\square$ Home $\square$ Mobile $\square$
1.4 Are you complaining on your own behalf? Yes $\square$ No $\square$ If yes, proceed to question 1.9. If no, proceed to question 1.5.
1.5 On whose behalf are you complaining?
Title:   Mr.   Mrs.   Ms.   Miss   Other
Forename
Surname
Address



YOUR DETAILS

Tel (mobile)  Email Address  1.6 What is your relationship with this person?  1.7 In corresponding with you, should we send a copy to this person? Yes  No  1.8 Has this person given you authority to complain on his/her behalf? Yes  No  1.9 No  1.9 Please provide us with the name and contact details of any other individual(s) or firm(s) who will be able to assist our investigation. If you have more than 2(two) person(s) to refer, you may attach an additional page consisting of their details as illustrated below.  1.9.1 Title:  Mr.  Mrs.  Ms.  Miss  Other  Forename  Tel (mobile)  Email Address  1.9.2 Title:  Mr.  Mrs.  Ms.  Miss  Other  1.9.2 Title:  Mr.  Mrs.  Ms.  Miss  Other  Forename  Mrs.  Mss.  Miss  Other
1.6 What is your relationship with this person?  1.7 In corresponding with you, should we send a copy to this person? Yes  No    1.8 Has this person given you authority to complain on his/her behalf? Yes  No    If yes, you must enclose a letter of authority. If you tick No to this question, or if you do not enclose the letter of authority, SAIBA will not process the complaint.  1.9 Please provide us with the name and contact details of any other individual(s) or firm(s) who will be able to assist our investigation. If you have more than 2(two) person(s) to refer, you may attach an additional page consisting of their details as illustrated below.  1.9.1 Title:  Mr.  Mrs.  Ms.  Miss  Other  Forename
1.7 In corresponding with you, should we send a copy to this person? Yes
1.8 Has this person given you authority to complain on his/her behalf? Yes  No    If yes, you must enclose a letter of authority. If you tick No to this question, or if you do not enclose the letter of authority, SAIBA will not process the complaint.  1.9 Please provide us with the name and contact details of any other individual(s) or firm(s) who will be able to assist our investigation. If you have more than 2(two) person(s) to refer, you may attach an additional page consisting of their details as illustrated below.  1.9.1 Title:  Mr.  Mrs.  Ms.  Miss  Other  Forename    Surname    Address    Postcode  Tel (mobile)    Email Address    1.9.2 Title:  Mr.  Mrs.  Mss.  Miss  Other
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Forename Surname Address Postcode Tel (work) Tel (mobile)  Email Address  Mr. Mrs. Ms. Miss Other
Surname Address  Postcode Tel (home)  Tel (work) Tel (mobile)  Email Address  1.9.2 Title: Mr. Mrs. Ms. Miss Other
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Email Address  1.9.2 Title:   Mr.   Mrs.   Miss   Other
1.9.2 Title:   Mr.   Mrs.   Ms.   Miss   Other
Forename
Surname
Address
Postcode Tel (home)
Tel (work) Tel (mobile)
Email Address



1.10 If your complaint results in a disciplinary hearing, you may be required to attend to give oral evidence and be cross examined. (Attendance may be by telephone if it is not possible to attend in person.)
1.11 I understand that the successful investigation of my complaint and the continuation of any disciplinary action that may arise from the investigation, are entirely dependent on my sustained cooperation in this matter.  Yes $\square$ No $\square$ If you tick No to this question, we will not be able to fully conduct the complaint investigation process
1.12 I undertake to give SAIBA my full cooperation in this matter, which specifically includes making myself available to provide evidence during any disciplinary hearing of the matter.  Yes No lyou tick No to this question, we will not be able to fully conduct the complaint investigation process
This page and the following pages with your enclosures will be disclosed to the person you are complaining about.
SAIBA MEMBER/STUDENT/FIRM DETAILS
2.1 Individual or firm you are complaining about:
Membership Number
Forename
Surname
Address
Postcode Tel (home)
Tel (work) Tel (mobile)
Email Address
2.2 If you are complaining about a firm, please give the name of the individual(s) involved.
2.3 Nature of relationship. Accountant  Employee  Employee  Other



Details of \	OUR CO	MPLAINT
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3.1 Is your complaint about. Accountancy related work $\Box$ Conduct outside of work $\Box$ Other $\Box$
3.2 Are there any pending court proceedings linked to your complaint? If so, please give details
including dates of any forthcoming hearings: Yes $\square$ No $\square$ if yes please give details including dates of any forthcoming hearings:
3.3 SAIBA Members are required to uphold the principles set out in the International Code of Ethics for Professional Accountants published by the International Federation of Accountants ("the Code") from time to time, including in particular sections 111 to 115 and 200 to 270. A copy of the Code is available at <a href="https://saiba.org.za/standards/service_standards/code_of_conduct">https://saiba.org.za/standards/service_standards/code_of_conduct</a>
The conduct of the Member that is the subject of your complaint must be linked to a contravention of any of the aforesaid sections of the Code. Please indicate the section(s) of the Code to which your complaint relates

- 3.5 This complaint is required to be accompanied by a sworn affidavit setting out your complaint, including all of the relevant facts and attaching all relevant documents.
  - ✓ Note that a sworn affidavit is a written statement made under oath which must comply with the following formalities.
  - ✓ The affidavit must be initialed and signed by the deponent in the presence of a notary public or a commissioner of oath.
  - ✓ The notary public or commissioner of oath must administer the oath to the deponent and initial and sign the affidavit to confirm that the deponent acknowledges and understands the contents of the affidavit.



SAIBA will not process your complaint unless it is accompanied by an affidavit that complies with the aforegoing.
OTHER INFORMATION .
4.1 You must enclose copies of all relevant documents which support your complaint. Please list your documents:
•
4.2 If you have not enclosed any documents which support your complaint, please explain why:  •
4.3 Have you contacted SAIBA about this matter before? Yes $\Box$ No $\Box$
4.4 Please give details and dates, enclosing copies of any previous correspondence with SAIBA
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4.4 Please give details and dates, enclosing copies of any previous correspondence with SAIBA
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4.4 Please give details and dates, enclosing copies of any previous correspondence with SAIBA about this matter:  I confirm that the information contained in this document is true and correct.



## **AFFIDAVIT**

## (To be signed in the presence of a Commissioner of Oaths)

AFFIDAVIT	
	(IDENITITY)
I, the undersigned, (Full names)PASSPORT NUMBER)	(IDENTITY/ Hereby make oath and state as follows:
l am an adult (gender)	currently working at
residing at [address]	
The contents of this affidavit fall within my pe and correct.	ersonal knowledge and are in all respects both true
The contents of this affidavit fall within my pe and correct.	ersonal knowledge and are in all respects both true

**Commissioner of Oaths** 

Initial here

SCIDC SOUTHERN AFRICAN INSTITUTE FOR BUSINESS ACCOUNTANTS

Deponent Initial here

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DEPONENT'S SIGNATURE		
DEPONENT'S SIGNATURE DEPONENT'S FULL NAMES		
DEPONENT'S FULL NAMES		
	ON THIS THE DAY ACKNOWLEDGED THAT HE/SHE KNOWS	
DEPONENT'S FULL NAMES  SWORN TO AND SIGNED BEFORE ME AT  OF THE DEPONENT HAVING A AND UNDERSTANDS THE CONTENTS OF THIS AFF AND CORRECT, THAT HE/SHE HAS NO OBJECTION	ON THIS THE DAY ACKNOWLEDGED THAT HE/SHE KNOWS IDAVIT, THAT THE CONTENTS ARE TRUE TO TAKING THE PRESCRIBED OATH THAT	•
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