



## COMPLAINTS FORM

**Note: Complaints must be lodged within 30 days of the incident**

SECTION A – COMPLAINANT TO COMPLETE AND EMAIL TO: <a href="mailto:complaints@kznfilm.co.za">complaints@kznfilm.co.za</a>			
PART 1 – YOUR DETAILS			
Name & Surname		Cellphone Number	
Physical Address		ID Number	
Email address			
PART 2- REASONS FOR LODGING A COLMPLAINT			
Nature of complaint (select applicable box)	SCM <input type="checkbox"/>	Payments <input type="checkbox"/>	Film Fund <input type="checkbox"/>
	Marketing funding <input type="checkbox"/>	Locations & Facilities <input type="checkbox"/>	Research <input type="checkbox"/>
	Other <input type="checkbox"/>		
Describe your Complaint			
PART 3- DESCRIBE YOUR DESIRED OUTCOME			

OUR KINGDOM IS YOUR STAGE

Board members: N. Malange, J. Wills, M. Mzimela, N. Mthembu, L. Berning, C. Coetzee, L. Ngcobo, S. Zondi

KZN Film Commission • 10th floor Musgrave Towers, 115 Musgrave Road, Berea 4001, South Africa Tel: +27 31 003 9000 Email: [info@kznfilm.co.za](mailto:info@kznfilm.co.za)



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Complainant's signature		Date	
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**SECTION B – INTERNAL USE ONLY - TO BE COMPLETED BY AN AUTHORISED REPRESENTATIVE**

**PART 1 – COMPLAINT REFERENCE**

Complain Reference Number:

Date Received:

Received By:

Referred To:

**SECTION C – FOR OFFICE USE ONLY - TO BE COMPLETED BY RESPONSIBLE SECTION**

**PART 1 – STEPS TAKEN TO RESOLVE THE COMPLAINT**

Action Taken:  
(Attach response letter if applicable)

Further action required:

**COMPLETED BY:**

Name & Surname:

Signature:

Date:

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