



COMPLAINTS PROCEDURE FORM

Ikamva Verification Services undertakes to investigate all complaints about Ikamva Verification Services-conducted verifications and make every effort to resolve the matter. The investigation is conducted in accordance with the confidentiality commitment made to the Agency’s Client and the identity of the complainant is also kept confidential.

Ikamva Verification Services will endeavor to conclude the investigation and provide you with the outcome, in writing, within 30 working days from receipt of your complaint plus supporting documentation.

COMPLAINANT DETAILS

Company Name: _____

Responsible Person – First and Surname: _____

Tel No: _____

e-mail address: _____

Postal Address: _____

PLEASE PROVIDE THE FOLLOWING INFORMATION TO ENABLE US TO INVESTIGATE YOUR COMPLAINT:

Name of Company involved in the complaint: _____

Ikamva Verification Services Certificate No. _____

Date of Certificate: _____

Reason for complaint: _____

Evidence on which complaint is based. Certified copies (by a Commissioner for Oaths) are required:

RETURN COMPLETED FORM TO:
Ikamva Verification Services:
P.O.Box 19402, Tecoma, 5214
Email: info@ohs-ca.co.za