

**UNISA OMBUDSMAN OMBUDSMAN REFERRAL FORM**

Note: Before submitting your application, please read the *Complaints procedure* and ensure that your matter is susceptible for referral to the Ombudsman. Note that an important prerequisite for submission of a referral is that internal procedures available within the University must have been exhausted. Contact Ms Dikeledi Hlabangane for further information or assistance (Tel 0861 10 66 88/012 481 2874)

The ombudsman does not entertain any complaint:

* about labour and employment related matters, which must be addressed through the approved grievance, disciplinary and labour law procedures;
* about the conduct or decisions of the University Council or its committees, the University Senate or its committees or the Institutional Forum or its committees;
* about a matter of academic judgement (ie the quality of a student’s performance), unless the complaint relates to unfair marking or assessment, examination procedure irregularities or real and/or perceived bias against a student;
* relating to a matter which is or has been the subject of judicial, arbitration or similar formal proceedings, resulting in an external binding ruling;
* which is patently frivolous or vexatious.

Should you choose to engage external legal representation, you have to liaise with the Legal Services Department of the University.

**THIS FORM MUST BE COMPLETED COMPLETELY AS FULLY AS POSSIBLE. THE OMBUDSMAN RESERVES THE RIGHT NOT TO CONSIDER THE REFERRAL OR TO REFER IT BACK IF IT IS NOT ADEQUATELY COMPLETED.**

**YOUR DETAILS**

|  |  |
| --- | --- |
| TITLE |  |
| SURNAME |  |
| NAME |  |
| DATE OF BIRTH |  |
| IDENTITY NUMBER |  |
| ADDRESS FOR CORRESPONDENCE (INCLUDE POSTAL CODE) |  |
| PHONE NUMBER |  |
| CELL PHONE NUMBER |  |
| FAX NUMBER |  |
| E-MAIL ADDRESS |  |

 **IF YOU ARE A STUDENT**

|  |  |
| --- | --- |
| STUDENT NUMBER |  |
| NAME OF QUALIFICATION FOR WHICH YOU ARE REGISTERED OR WANT TO REGISTER |  |
| TYPE OF QUALIFICATION FOR WHICH YOU ARE REGISTERED OR WANT TO REGISTER (Undergraduate, postgraduate, non-degree, short learning programme, etc.) |  |
| WHEN WERE YOU REGISTERED FOR THE QUALIFICATION YOU ARE COMPLAINING ABOUT OR WHEN DID YOU ATTEMPT TO REGISTER? | From …………………………. To ……………………………. |

**IF YOU ARE AN EMPLOYEE**

|  |  |
| --- | --- |
| EMPLOYEE NO |  |
| DEPARTMENT |  |
| HOW DO YOU WANT TO BE CONTACTED |  |

**IF YOU ARE A MEMBER OF THE PUBLIC**

|  |  |
| --- | --- |
| NAME AND SURNAME |  |
| HOW DO YOU WANT TO BE CONTACTED |  |

**HAVE YOU TRIED TO RESOLVE THE MATTER THROUGH OTHER CHANNELS AVAILABLE IN THE UNIVERSITY?**

YES NO

If “YES”, please give a succinct description of your attempts to resolve the matter.

If “NO”, please indicate in sufficient detail why you are of the opinion that it was impossible or unnecessary to resolve the matter through other channels available in the University.

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**WILL YOU BE USING ANOTHER PERSON TO REPRESENT YOU REGARDING YOUR COMPLAINT?**

(There is no need to appoint a representative to deal with your complaint on your behalf. If you do appoint a representative, you must be sure that he/she is fully briefed about your complaint and is able to devote sufficient time to it. If we deal with your representative, we will not communicate with you as well. By appointing a representative and signing this form, you authorize the University to deal with the representative. (Attach the written authorisation of your representative and by signing this Referral Form you authorize the Ombudsman and your representative to have access to and to discuss your personal information.)

Should you choose to engage a legal representative please liaise with the Legal Services Department of the University.

**PARTICULARS OF YOUR REPRESENTATIVE** (if you so choose)

|  |  |
| --- | --- |
| NAME AND TITLE |  |
| ADDRESS FOR CORRESPONDENCE (INCLUDE POSTAL CODE) |  |
| PHONE NUMBER |  |
| FAX NUMBER |  |
| E-MAIL ADDRESS |  |

**YOUR COMPLAINT**

PLEASE SET OUT BELOW THE *KEY POINTS* OF YOUR COMPLAINT You must state clearly and concisely:

1. In what respect you think the University has failed you

2. Why the action, lack of action or decision of the University is unsatisfactory to you

3. How you have been affected by the University’s action, lack of action or its decision

NB: Your complaint has to be summarized here, even if you attach other documents.

We will need to see the following documents in support:

 A chronological listing in date order of all letters, phone calls and meetings relevant to your complaint

 A copy of all relevant correspondence and other documentation (please ensure that the information is complete)

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**WHAT WOULD YOU LIKE TO BE DONE ABOUT YOUR COMPLAINT?**

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**AUTHORITY FOR THE OFFICE OF THE UNISA OMBUDSMAN TO INVESTIGATE YOUR COMPLAINT**

I WOULD LIKE THE OFFICE OF THE UNISA OMBUDSMAN TO CONSIDER MY COMPLAINT. I UNDERSTAND THAT:

 The Ombudsman will:

o need to decide whether my complaint is eligible under the applicable Rules,

o investigate and deal with my complaint in accordance with the applicable Rules.

o disclose personal and/or confidential information in his/her report to the Principal and Vice

Chancellor to the extent that is required for the report

|  |  |  |
| --- | --- | --- |
|  | Th | e Ombudsman and the University may need to: |
|  | o | obtain and deal with personal information about me, which could include sensitive information(for example relating to health matters), in order to deal with my complaint effectively, |
|  | o | disclose relevant personal information about my complaint to other persons and organizations(for example to establish relevant facts relating to my complaint). |

 The University may record telephone conversations between us for record and service quality purposes.

 I must inform the University immediately if any part of my complaint is being dealt with in another forum, or if it has been resolved elsewhere.

**I agree and consent to the above and confirm that the facts stated in this referral form are true**

By signing the Ombudsman Referral Form, a complainant authorises the Ombudsman:

a) to have access to and use information relating to the complainant which is required for the purposes of the investigation.

b) to disclose such information in his/ her report to the Principal and Vice Chancellor, to the extent that is required for the report.

c) to obtain information from third parties about a complaint and the complainant consents to the

Ombudsman releasing relevant details about the complaint and the complainant to such persons or institutions.

SIGNATURE …………………………………… DATE ………..………………..

**KINDLY LIST HERE FOR REFERENCE AND CONTROL PURPOSES ANY SUPPORTING DOCUMENTATION WHICH YOU ANNEX TO THIS REFERRAL**

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**PLEASE RETURN THE COMPLETED FORM WITH ALL SUPPORTING DOCUMENTATION TO:**

BY **MAIL**: BY **HAND**:

Office of the Ombudsman THE UNISA OMBUDSMAN

PO Box 392 UNISA SUNNYSIDE North Campus

UNIVERSITY OF SOUTH AFRICA Cnr Steve Biko and Justice Mahomed Streets

0003 Building 6 (office no. 40)

BY **E-MAIL:**  ombudsman@unisa.ac.za

**CONTACT**: Ms Dikeledi Hlabangane

**PLEASE KEEP A COPY OF THIS FORM AND THE DOCUMENTS YOU SEND AS THE ORIGINALS WILL REMAIN WITH THE UNIVERSITY.**