

EAPASA

Unit 19 Oxford Office Park
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**Environmental Assessment
Practitioners Association
of South Africa**

Advancing environmental assessment practice in South Africa



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EAPASA Malpractice Policy

ANNEXURE A: EAPASA FORM FOR LODGING A COMPLAINT AGAINST A REGISTERED EAP

ANNEXURE B: AFFIDAVIT TEMPLATE

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Board Members: Ms Snowy Makhudu (Chairperson), Mr Khangwelo Desmond Musetsho (Vice-Chairperson),
Mr Ntsako Baloyi, Mr Zama Dlamini, Mr Siyabonga Gqalangile, Ms Jacqui Hex,
Mr Phumudzo Nethwadzi, Mr Danie Neumann.

Registrar: Dr Richard Hill

NPO Reg. No. 122-986

ANNEXURE A: EAPASA FORM FOR LODGING A COMPLAINT AGAINST A REGISTERED EAP

NAME AND SURNAME OF COMPLAINANT	
TELEPHONE NUMBER OF COMPLAINANT	
CELL NUMBER OF COMPLAINANT	
EMAIL ADDRESS OF COMPLAINANT	
NAME OF REGISTERED OR CANDIDATE EAP	
REGISTRATION NUMBER OF EAP OR CANDIDATE EAP	
DATE OF APPOINTMENT OF EAP BY COMPLAINANT (WHERE APPLICABLE)	
HAS A MEETING BEEN CONVENED WITH THE EAP?	
NATURE OF COMPLAINT	
DATE DISPUTE AROSE	
ARE YOU ACTIONING ON YOUR BEHALF OF OR FOR ANOTHER?	

ANNEXURE B: AFFIDAVIT TEMPLATE

I, the undersigned, _____ **(your name)** do hereby declare under oath the following:

I am the complainant in this matter, an adult _____ **(gender i.e. male, female or transgender; and occupation)**

and I reside/carry out business at _____

_____ **(physical address).**

The contents herein contained fall within my personal knowledge and are both true and correct, unless specified otherwise.

The person against whom this complaint is lodged (hereinafter referred to as "the EAP") is _____,

_____ **(registration number)** (if known), an adult _____ **(gender and occupation)**

who ordinarily carried out business at _____ **(name and address of company**

that EAP works for) (if known to complainant).

Details of other persons involved in this matter are (e.g. Developer, Project Manager, Specialist Consultants, and their level of involvement):

I am dissatisfied with (please outline clearly what you are dissatisfied with, provide specific information, including dates, work agreed on, the clauses of the Code of Ethical Conduct and Practice which have been allegedly transgressed):

I have attached the following documents:

6.1 A copy of the form (appointment of EAP, if applicable to complaint)

6.2 Any documents and or records (including electronic data relating to the work such as reports, environmental standards and specifications, calculations, contractual documents, photographs or the like) which will serve to illustrate or substantiate any of the complaint, as listed below:

I know and understand the contents of this declaration.

I have no objection to taking the prescribed oath.

I consider the prescribed oath as binding on my conscience.

DEPONENT

It is hereby certified that the aforesaid declaration was signed and sworn in my presence on this the ___ day of _____ 20___, at _____, the deponent having confirmed and acknowledged:

- a) That the deponent knows and understands the contents of this declaration;
- b) That the deponent has no objection to taking the prescribed oath; and
- c) That the deponent considers the prescribed oath as binding on the deponent's conscience.

COMMISSIONER OF OATHS

Full names: _____

Address: _____

Rank/office held: _____

Area for which appointed: _____

NOTES:

1. The first step is to seek clarity or attempt to resolve matters directly with the EAP. If you are still unable to resolve the issue(s), please fill in the complaint form.
2. The complaint form must be in **English** and typed. No handwritten affidavits will be accepted.
3. If you are a Registered or Candidate EAP, please include your registration number.
4. A copy of the complaint and supporting evidence will be made available to the EAP concerned in terms of the *audi alteram partem rule*.
5. Please send the completed Form, Affidavit and any supporting documents via email, courier or hand delivery, to (*we do not advise using post*):

Dr Richard Hill
EAPASA Registrar
Unit 19 Oxford Office Park, 3 Bauhinia Street, Highveld Techno Park
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