Enquiries: RN Admin : 021-015 5511 radionuclides@sahpra.org.za

Please quote your file number in all correspondence ⇨

**File no.:**

## A: Details of Complainant (Authority Holder)

|  |
| --- |
| (a) Name of legal entity (as on current authority): |
| (b) 5-digit Ref No. (from logging): (c) 🕿: |
| (d) Email: |
| Designation: Authority Holder RPO ARPO |

## B: Nature of the Complaint

Please give a brief description of the complaint. Attach documents and correspondence you consider relevant.

## C. Signature

Signed on behalf of Complainant (by Authority Holder, RPO or ARPO)

|  |  |
| --- | --- |
| Print Name: | |
| Signature: | Date: |
| Designation: | |