



SASLHA
South African Speech-Language-Hearing Association

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www.saslha.co.za



P. O Box 1690 Umhlanga Rocks, 4320



COMPLAINT FORM

Please forward to admin@saslha.co.za

1. Details of complainant:

Name:	Contact number:	Email address:
ID/passport number:	HPCSA number (if applicable):	SASLHA member? (Yes/No)

2. Details of complaint

Full Name and Surname/name of entity:	
Background/rationale	
Actual complaint	
What has been done about it to date?	
What do you require from the Ethics committee?	

3. Signature of Complainant: _____ Date: _____