

GAUTENG LIQUOR ACT, 2013

COMPLAINT AGAINST THE LICENSED PREMISES/PREMISES

TO: THE GAUTENG LIQUOR BOARD/INSPECTORATE

Liquor Licencing – Johannesburg Regional Office  
Gauteng Liquor Board Query Management  
Matlotlo House, 2<sup>nd</sup> floor, 124 Main Street, Johannesburg  
Telephone: 011-0852265 or 011-085-2265

Email address: [Sibongile.gambu@gauteng.gov.za](mailto:Sibongile.gambu@gauteng.gov.za)

Alternatively, hand deliver to the above address

**cc. Please copy this form to the KRRRA By Law & Liquor Law Infringement sub-committee so that the KRRRA can follow up on your behalf**

email: [action@krra.org.za](mailto:action@krra.org.za)

**It is not mandatory that you give information about yourself. You may remain anonymous. If you do give your personal information it will remain confidential.**

**1. COMPLAINANT INFORMATION**

It is not mandatory that you **give information about yourself**, you may remain anonymous. If you do give personal information, it will remain confidential.

1.1 Full names (natural or juristic person)

1.2 Physical Address

1.3 Telephone number/s

1.4 Fax number and email address

**1.5 Please send a copy to the Kensington Rate Payers and Residents Association: KRRRA By Law and Liquor Law Sub-committee.**

Email Address: [action@krra.org.za](mailto:action@krra.org.za)

**2. INFORMATION ABOUT THE LICENSED PREMISES/ PREMISES**

2.1 Trading Name

2.2 Physical Address

**3. DETAILS OF COMPLAINT**

3.1 Nature of the complaint (Check all that apply)

<input type="checkbox"/>	Disorderly behaviour e.g. street fighting, damage to property	<input type="checkbox"/>	Suspected drug Activities	<input type="checkbox"/>	Sales beyond trading hours
<input type="checkbox"/>	Sale to minors	<input type="checkbox"/>	Sale to obviously intoxicated persons	<input type="checkbox"/>	Excessive Noise
<input type="checkbox"/>	Illegal parking e.g. on the premises of other business owners	<input type="checkbox"/>	Drinking on pavements and on the streets	<input type="checkbox"/>	Other e.g. gun shots being fired; violence
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

3.2 Date of incident \_\_\_\_\_

Time of incident \_\_\_\_\_

3.3 Have you contacted the licensee regarding your complaint?

<input type="checkbox"/> YES	<input type="checkbox"/> NO
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3.4 Have you filed this complaint with another law enforcement agency?

<input type="checkbox"/> YES	<input type="checkbox"/> NO
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If you answer yes, please provide details.

Other details

3.5 Supporting evidence (if any attached e.g. affidavit; photographs, video footage

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Complainants Signature: .....

Date: .....

**Acknowledgement**

I acknowledge receipt of this application.