



**SOUTH AFRICAN
COUNCIL FOR SOCIAL SERVICE PROFESSIONS**

PROFESSIONAL CONDUCT

**NOTICE OF A DISPUTE
AGAINST THE FINDING OF THE
COMMITTEE OF PRELIMINARY INQUIRY (CPI)**

To be completed to lodge a dispute against a finding and/or decision of the Committee of Preliminary Inquiry (CPI).

SACSSP
37 Annie Botha Avenue
Riviera,
Pretoria
0084

SACSSP
Private Bag X12
Gezina
Pretoria
0031

ENQUIRIES:
Email: profcond2@sacssp.co.za
Telephone: 012 356 8300/ 8315
www.sacssp.co.za

GENERAL INSTRUCTIONS

- Please read Section A **before** your complete FORM C.1.7
- FORM C.1.7 needs to be completed to lodge a dispute against a finding and/ or decision made by the Committee of Preliminary Inquiry (See Section A).
- A dispute must be lodged in writing in the form of FORM C.1.7 and completed in English.
- FORM C.1.7 should preferably be typed or, alternatively, if handwritten, must be legible and the submission should be in English.
- Study FORM C.1.7 carefully **before** completing it. Read the instructions with each section and answer all questions fully, clearly and correctly. If you have to make any corrections to your answers - *initial* in the right margin next to the correction made.
- Before you submit the dispute form (FORM C.1.7) double check that you have included everything.
- Complete the checklist at the end of FORM C.1.7 **before** you submit it.
- FORM C.1.7 and all supporting documents may be submitted by post (ordinary mail or registered mail), courier, electronic mail (eMail) or hand delivered. Address is on *page 2*.

INSTRUCTIONS:

SECTION B: Details of person lodging the dispute

- This section must be completed.
- B-1:** Indicate the reference number that is on the correspondence that you received from the SACSSP.
- B.2:** All fields marked with an * must be completed as to ensure the SACSSP is able to contact you regarding this dispute.
- If the person lodging the dispute is not a social service professional registered with the SACSSP, the SACSSP registration number field does not need to be completed.

A. OVERVIEW AND GUIDANCE

In the case where either the complainant and/or respondent lodges a dispute against a finding and/or decision made by the **Committee of Preliminary Inquiry**, other than a finding in terms of sub-regulation 7(4), 7(5) or 15(1) of the *Regulations regarding the conducting of inquiries into alleged unprofessional conduct* (Government Notice R 917 published in Government Gazette No 25109 of 27 June 2003).

Any dispute must be lodge in writing in the form of FORM C.1.7 within **21 calendar days**.

Disputes against a finding and/or decision made by the Committee of Preliminary Inquiry will be referred as contemplated in the SACSSP's Professional conduct disputes and appeals policy to the Appeals Committee for review and a final decision.

Please note that the Appeals Committee can only review and consider information that served before the Committee of Preliminary Inquiry (CPI) that was the basis of the CPI's finding and/or decision.

For more information please visit www.sacssp.co.za and go to the **PROFESSIONAL CONDUCT** link

B. DETAILS OF THE PERSON LODGING THE DISPUTE

B-1 Reference number

B-2 Details of person (in the case of an organisation, indicate details of the **representative** of the organisation)

Title* (mark **ONE** only with **X**)

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| Prof | <input type="checkbox"/> | Dr | <input type="checkbox"/> | Rev | <input type="checkbox"/> | Mr | <input type="checkbox"/> | Mrs | <input type="checkbox"/> | Ms | <input type="checkbox"/> | <input type="checkbox"/> |
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First names* (as on ID)

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Surname* (as on ID)

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SACSSP Registration no.

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Only applicable to persons registered with the South African Council for Social Service Professions

ID number*

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Mobile / Cell number*

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Telephone* (during the day)

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Email* (write clearly)

Home language*

Postal address*

Town*

Province*

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| <input type="text"/> | Postal code | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
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| EC | FS | GA | KZ | LP | MP | NC | NW | WC |
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Proceed to SECTION C on the next page

INSTRUCTIONS:

SECTION C: Dispute

- This section must be completed.
- The reasons for the dispute need to clearly and concisely indicated.
- Please note that new evidence or information that did not serve before the Committee of Preliminary Inquiry (CPI) and formed the basis of its finding and/or decision may not be considered by the Appeals Committee.
- If you need more space, please add an A4 folio page(s) and mark it clearly with the corresponding section number.

C. DISPUTE

I, (full names)
as the complainant/respondent (*delete part not applicable*) in the matter regarding

full names and surname of respondent

with SACSSP registration number - , hereby declares

that I have been informed by the SACSSP that the Committee of Preliminary Inquiry made a finding other than a finding in terms of sub-regulation 7(4), 7(5) or 15(1) of the *Regulations regarding the conducting of inquiries into alleged unprofessional conduct*. I hereby state that I am aware of the finding/decision and dispute the finding/decision.

My reason/s for the dispute is/are as follows: (Please be brief, and list in point form)

If you need additional space, please add an A4 folio to this form and mark it clearly as Annexure C

SECTION D: Declaration

- Please read and complete Section D.
- Sign FORM C.1.7 and append the date of completion in the provided spaces.
- Please have a witness co-sign the form.
- FORM C.1.7 must also be verified by a Commissioner of Oaths.
- Complete the check list below **before** you submit the application.

FINAL CHECK LIST:

Before submitting this complaint form please check the following:

- I read *Section A*.
- All required fields in *Section B* are completed and I have double checked
- All required fields in *Section C* are completed and I have double checked
- All additional pages that were added as part of *Section C* are clearly marked with the corresponding section number.
- FORM C.1.7 is signed on page 2 by the person lodging the dispute and one witness.
- FORM C.1.7 is verified by a Commissioner of Oaths.

Please **send complaint** (FORM C.1.7) with all annexures to

SACSSP
Private Bag X 12
Gezina 0031

or submit by hand or courier

SACSSP
37 Annie Botha Avenue
Riviera, Pretoria

or email to profcond2@sacssp.co.za

D. DECLARATION

1. I acknowledge that I have been made aware that any dispute against a finding of an Inquiry by Committee of Preliminary Inquiry must be lodged in writing within **21 calendar days** after such finding has been communicated to me.
2. I acknowledge that my dispute against a finding of a preliminary inquiry by Committee of Preliminary Inquiry is being dealt with in accordance with as contemplated in the SACSSP's *Professional conduct disputes and appeals policy* and is referred for further investigation to the Appeals Committee.
3. I acknowledge that I, and/or any witnesses whom I may call upon, will need to be available in person should the *Committee for Preliminary Inquiry or Professional Conduct Committee* call upon me for further evidence. This may be at my own cost.
4. I realise that I am not entitled to legal representation at the preliminary inquiry (regulation 10).
5. I understand that the decision of the Appeals Committee is final. Should I not be in agreement with the outcome relating to my lodged dispute, and should I wish to proceed further with this matter, I shall do so via alternate means and at my own cost.
6. **Applicable to respondents only:** I am aware that I retain the right to request that the complaint be adjudicated by the Professional Conduct Committee as contemplated in sub-regulation 11(3), in which case the lodged dispute will cease or in the case where this dispute is concluded and the outcome was communicated to me, I must make such request within 7 calendar days thereafter in writing.

Signed at place on day of month 20 year

Signature: Applicant

Signature: Witness

COMMISSIONER OF OATHS:

I declare that the deponent fully understands and accepts the contents of this document and has been duly sworn in

Full names

Designation

Telephone

Signature Date

STAMP

FOR OFFICE USE ONLY
Do not complete

INTERNAL CHECK LIST

- Receipt acknowledged
- FORM C.1.6 complete
- Certified by Commissioner of Oaths
- Dispute registered
- File number allocated
- Referred to Appeals Committee