

GOVERNMENT MOTOR TRANSPORT MISUSE REPORT FORM

THIS FORM MUST BE EMAILED TO:

GMT.CCC@WESTERNSCAPE.GOV.ZA

A. COMPLAINANT DETAIL

1. Name and Surname: _____
2. Contact No: _____
3. E-mail: _____ Fax no: _____
4. Address: _____

5. Postal Code: _____
6. Do you require feedback? Yes No
7. May your details be provided to the investigating officer? Yes No
8. Are you available to testify in a disciplinary hearing if necessary? Yes No

B. PARTICULARS OF GOVERNMENT VEHICLE:

1. Vehicle Registration number

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2. Type of Vehicle: _____
3. Colour of Vehicle: _____

C. PARTICULARS OF MISUSE/IRREGULAR USE/TRANSGRESSION:

1. Date: _____ Time(24h00): _____
2. Place/Area/Road where noticed

3. Description of misuse/irregular use/transgression

Signature: _____ Date: _____