



IMATU

SERVICE DELIVERY FAILURE REPORT

Date			
Name and Surname			
Municipality/ Municipal Entity			
IMATU Regional Office			
IMATU Membership Number (if possible)			
Contact Details			
Nature of the problem			
Division/Department/Section			
Has this problem been previously reported? <small>*Please select appropriate box</small>	YES	NO	
If yes, through which channels?			
Estimated time that the problem has remained unresolved?			
Please rate the seriousness of the problem from 1 – 10 <small>*10 being a crisis that will endanger lives and 1 being an irritation that must be resolved</small>			

****Please return this form to your Regional Office in person or via email or fax.
Consult the IMATU website www.imatu.co.za for your Region's contact details***