



WEST RAND DISTRICT MUNICIPALITY



DISCIPLINARY HEARING FORM FOR WRITTEN WARNINGS

A. GENERAL PARTICULARS (MANAGEMENT SERVICES)

Date of hearing: _____ Name of complainant _____

Name of accused: _____ Pay number: _____

Name of chairperson: _____

Explanation of the complaint (Time/Date/Place/Full details)

B. QUESTIONS PUT TO ACCUSED (CHAIRPERSON)

1. Do you want an interpreter?

Yes	No
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2. Do you understand the complaint against you? (If not explained)

Yes	No
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3. Do you want to call any witnesses?

Yes	No
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4. Do you want a representative?

Yes	No
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5. Have you been notified of the date of the hearing?

Yes	No
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6. What do you plea on the charge?

Guilty	Not guilty
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SIGNATURE (Accused)

Date

C. BRIEF STATEMENT OF COMPLAINANT
