



SAA Complaint Audit Form

Date:

Auditor information

Name:

Mobile:

Email:

Electrical License Number:

Accreditation Number:

Complainant information

Name:

Mobile:

Email:

Accredited person responsible (if known)

Name:

Mobile:

Email:

Electrical License Number:

Accreditation Number:

System information

Address:

Installation date:

SAA Complaint Audit Form

Summary for non-compliance	File name of evidence	Clauses breached

Complainant's permission

As the owner of the system being audited, SAA seek your permission for:

- the Accredited person responsible to return to the property and rectify the non-compliances and;
- for SAA to provide the Accredited person responsible with your mobile phone number to make arrangements for the rectification work to be undertaken.

Name:

Signature:

Date: