



Please ensure that you make the correct selection below with regards to the purpose of the form. The completed form can be submitted to the Tax Practitioner Unit at: reportingunprofessionalconduct@sars.gov.za

RUC001

Details of Complainant

Personal Details

Surname Initials

First Two Names

Are you a South African Citizen? Y N ID No. Passport No.

Taxpayer Reference No. Are you a SARS employee? Y N

Contact Details

Email

Cell No. Home Tel No.

Bus Tel No. Fax No.

Line Manager Details

Surname Initials

SPID Designation

Email

Cell No. Bus Tel No. I hereby confirm that my line manager is aware of this complaint (tick to confirm)

Details of Taxpayer

Are the details of the taxpayer the same as that of the complainant? Y N

Personal Details (if applicable)

Surname Initials

First Two Names

Taxpayer Reference No. ID No.

Entity Details (if applicable)

Registered Name

Trading Name

Taxpayer Reference No. Company / CC / Trust Reg No.

Contact Details (if applicable)

Email

Cell No.

Home Tel No.

Bus Tel No.

Fax No.

Details of Tax Practitioner / Tax Preparer (**please complete as many details as possible*)

Personal Details

Surname

First Name

Other Name

Initials

Date of Birth (CCYYMMDD)

ID No.

Contact Details (if applicable)

Email

Cell No.

Home Tel No.

Bus Tel No.

Fax No.

Business Address Details (if applicable)

Unit No.

Complex (if applicable)

Street No.

Street / Fam Name

Suburb / District

City / Town

Country Code

Postal Code

Postal Address Details (if applicable)

Mark here with an "X" if same as above or complete the Postal Address

Country Code (e.g. South Africa = ZA)

Postal Code

Other Details (if applicable)

Practitioner
Website

Practice or
Firm Name

Recognised
Controlling Body (RCB)

Tax Practitioner
Registration No.

Taxpayer
Reference No.

Province in which the
practitioner operates

City / Town in which the
Practitioner Operates

Nature and Details of Complaint

Nature of Complaint

Not registered as a practitioner

Unprofessional conduct

Unlawful conduct

Not acting in the taxpayer's interest

Nature of Relationship
with Practitioner

Client of practitioner

SARS staff member

Other (Please specify)

Nature of Tax Practitioner
Relationship (if 'Other' is
select above)

Additional Details of Complaint

Declaration

I declare that the information furnished in this complaint is true and correct in every respect (tick to declare):

Date (CCYYMMDD)