

**DISPUTE RESOLUTION &
DISCIPLINARY COMMISSION**



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DISCIPLINARY COMMISSION**

South African Police Service: 25 Alfred Street, Greenpoint, Cape Town, 8005

DATE:

REFERENCE NO.:

CO-OPTION APPOINTMENT NOTIFICATION

To:

CPF Affiliation: [Insert CPF and Area Name]

Dear _____,

Subject: Appointment as Co-opted Member – Dispute & Disciplinary Case
[Insert Case Number]

In accordance with the Terms of Reference of the Dispute & Disciplinary Commission (SDDDCOMM / DDDCOMM / PBDDCOMM), you are hereby formally **appointed as a co-opted member** to serve on the Commission for the duration of the disciplinary/dispute case referenced above.

This co-option is made in accordance with Section 3.4 of the PBDDCOMM Terms of Reference, which states:

“The Sub-District, District, and Provincial commissions will co-opt at least 2 CPF members from within the province and at the same level at which the complaint arose for each case it handles, who serve for the duration of the case until finalized and will be notified in writing by the commission.”

Details of Appointment

- **Case Reference:**
- **Level of Complaint:** [Sub-District / District / Provincial]

- **Commission Chairperson:**
- **Start Date:**
- **Estimated Duration:** [Insert estimated duration or indicate “until case is finalized”]
- **Expectations:** Attend meetings, participate in deliberations, uphold confidentiality and impartiality.

You are required to declare any potential conflicts of interest prior to participating in the commission.

Should you accept this appointment, kindly sign the acceptance section below and return a scanned copy to disputes@wcprovincialcpfboard.co.za within 5 working days.

Acceptance of Appointment

I, _____, hereby accept the appointment as a co-opted member of the Dispute & Disciplinary Commission for the abovementioned case. I commit to executing my responsibilities in good faith, with impartiality, and in line with the CPF Code of Conduct and the applicable Terms of Reference.

Signature: _____

Full Name: _____

Date: _____

Issued by:

Name:

Designation: Chairperson – [Sub-District / District / Provincial] DDCOMM

Signature: _____

Date: _____