



Commission for the Promotion and Protection of the Rights of Cultural, Religious and Linguistic Communities.

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COMPLAINT FORM

Use your own language of choice. If there is not enough space on this form for your response, please use a separate piece of paper and send it to us together with this form. Send the Form to the address above

1. Your Details

First Name(s) _____

Surname _____

From which community? _____

Province _____

2. Your address and contact details

Physical address _____

Postal address or address

where letters can be sent to you _____

Tel or cell

Fax number

E-mail

Preferred means of

Communication

3. Is this complaint from a community?

Which community _____

4. Cultural, Religious or Linguistic Right violated

Tell us what happened (include the place, province and the month when it happened, and the name and contact details who violated the right)

5. Is this problem still happening? (mark appropriate box)

Yes

No

6. Do you have witnesses? If so, please provide their names & contact details

7. Have you reported this case to anyone else?

Yes

No

If yes, where was it reported? (For example, - Police, Lawyers, Public Protector, Human Rights Commission, South African Heritage Resources Agency, Provincial Heritage Resources, etc)

8. How did you hear about the CRL Rights Commission (from a friend, from an ngo or cbo, radio advert, newspaper or poster)

9. Any disability/Impairment (IF YES, please specify)

10. Literacy level (please specify)

11. The address, mobile and email address of the person or organization complained about:

12. Signed at ----- on -----

Signature -----

NOTE: The personal information submitted herein shall be solely used for investigation and conflict resolution, as well as referral of the matter to the relevant institutions where applicable. All the information submitted herein shall be used for the purpose stated above, as mandated by law. This information may be disclosed to the public. The CRL Rights Commission undertakes to ensure that appropriate security control measures are implemented to protect all the information to be submitted in this document.



FOR OFFICIAL USE

Complaint Number: _____

Date received : _____