## ZIMBABWE HUMAN RIGHTS COMMISSION

**For Human Dignity**

**COMPLAINT REGISTRATION FORM**

### PART A: Biodata

**Please Mark with a ✓ or X where appropriate**

<table>
<thead>
<tr>
<th>1. Title</th>
<th>2. First Name</th>
<th>Middle Name</th>
<th>Last Name</th>
<th>Other Names</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr/Mrs/Miss/Ms Other...........</td>
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<tbody>
<tr>
<td>M/F/</td>
<td>DD/MM/YY</td>
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</tbody>
</table>

|-------------------|--------------------|------------------------|

- [ ] Single
- [ ] Married
- [ ] Widowed
- [ ] Divorced
- [ ] Separated
- [ ] Other

- [ ] Identity Card
- [ ] Passport
- [ ] Driver’s Licence
- [ ] Other..................

<table>
<thead>
<tr>
<th>12. Physical Address</th>
<th>Alternative Address</th>
<th>Postal Address</th>
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<table>
<thead>
<tr>
<th>19. How did you know about ZHRC</th>
<th>20. Have you ever brought a case to the ZHRC</th>
</tr>
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<tbody>
<tr>
<td>[ ] Press</td>
<td>[ ] Yes</td>
</tr>
<tr>
<td>[ ] Social Media</td>
<td>[ ] No</td>
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<td>[ ] Radio</td>
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<td>[ ] TV</td>
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<td>[ ] From a Friend</td>
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<td>[ ] Other.......................</td>
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</table>

If Yes, please indicate the Reference Number _______________________________.

21. Please indicate if the ZHRC should be aware of any special conditions (medical, physical) which may limit your participation/participation of those involved in the proceedings:
______________________________________________________________________
______________________________________________________________________

22. In what capacity are you filing the complaint? *(please mark with a ✓ or X)*

I am the victim of: [ ] human rights violation. [ ] maladministration.

I am submitting on behalf of a victim of: [ ] human rights violation. [ ] maladministration.
23. If you are submitting the complaint on behalf of someone, please indicate:
   a) Your relationship to that person: _________________________________

   b) Has the person agreed to you representing him/her? □Yes □No

   c) Please explain why you are representing the person: _________________________________
   ________________________________________________________________________________
   ________________________________________________________________________________
   ________________________________________________________________________________
   ________________________________________________________________________________

   d) Full name and contact details of the victim of the human rights violation:

      Title:

      First name: _______________________ Middle name: _________________________________
      Last name: ________________________

      Physical address: _______________________________________________________________
      ________________________________________________________________________________
      Postal address: _________________________________________________________________
      ________________________________________________________________________________

      Contact phone number:     LANDLINE: _____________ MOBILE PHONE: __________________
      Email address: _________________________________________________________________

PART B: Nature of Complaint

1. Respondent (the complaint is against whom?)
   □ State (Public/Government)
   □ Individual
   □ Private company
   □ Other (please specify) __________________________

2. Details of respondent (name, phone number, email address and physical addresses).
   ________________________________________________________________________________
   ________________________________________________________________________________
   ________________________________________________________________________________

3. Summary of complaint (please include all relevant details and dates, in order of occurrence):
   ________________________________________________________________________________
   ________________________________________________________________________________
   ________________________________________________________________________________
   ________________________________________________________________________________
   ________________________________________________________________________________
   ________________________________________________________________________________
   ________________________________________________________________________________
4. Details of witnesses (name, contact details including phone, email and physical address):

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

5. Supporting documents provided (in copy):

_____________________________________________________________________________

6. Steps taken to date (please tell us if you have reported this matter to any authorities and what actions have been taken by those authorities. You must also tell us if your complaint relates to any matter before a court of law):

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

7. What do you want the ZHRC to do for you (remedy)?

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

8. Signature and date (or thumb print):

_________________________________________  __________________________  __________/____/____

24 CONFIDENTIALITY CLAUSE

I……………………………………. a Complainant/representative of ………………. in a matter brought before the Zimbabwe Human Rights Commission, do hereby accept the responsibility of maintaining confidentiality of all information received and shared during the course of investigation of my/our complaint. I accept that my/our failure to maintain confidentiality may result in termination of the investigation and subsequent rejection of my/our matter. I have fully understood the contents of the clause.

Signed:_________________ I.D_________________ Place:___________________ Date:___/___/___

FOR OFFICIAL USE ONLY

25. INTAKE CONDUCTED BY A HUMAN RIGHTS OFFICER (HRO)/PARTNER

Full name:________________________________________________________________________

Signature: ________________________ Date: ________________________

26. CLASSIFICATION OF THE HUMAN RIGHTS VIOLATION/ MALADMINISTRATION:

_____________________________________________________________________________
_____________________________________________________________________________

27. ADMISSIBILITY BY A SUPERVISOR

The case is admissible □Yes □No

Determined by (Name): ________________________________

Signature: ________________________________ Date: ________________________________