

COMPLAINT REGISTRATION FORM

File Number		Date of Receipt		
CHI		DD	MM	YY
ZHRC		DD	MM	YY

PART A: Biodata (Please Mark with a ✓ or X where appropriate)

1. Title Mr/Mrs/Miss/Ms Other.....		2. First Name	Middle Name	Last Name	Other Names
3. Sex M F	4. Date of Birth DD MM YY	5. Nationality	6. Occupation	7. Phone Number	8. Email Address
9. Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Other	10. Identification <input type="checkbox"/> Identity Card <input type="checkbox"/> Passport <input type="checkbox"/> Driver's Licence <input type="checkbox"/> Other..... <input type="text" value="Identification Number"/>		11. Next of kin details Name Relationship Address Contact Phone Email		
12. Physical Address		Alternative Address		Postal Address	
13. City	14. Province	15. Nearest School	16. Village	17. Ward	18. Languages Spoken

19. How did you know about ZHRC Press Radio From a Friend
 Social Media TV Other.....

20. Have you ever brought a case to the ZHRC Yes No

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: ___ / ___ / ___

<p><u>FOR OFFICIAL USE ONLY</u></p> <p>25. INTAKE CONDUCTED BY A HUMAN RIGHTS OFFICER (HRO)/PARTNER</p> <p>Full name: _____</p> <p>Signature: _____ Date: _____</p> <p>26. CLASSIFICATION OF THE HUMAN RIGHTS VIOLATION/ MALADMINISTRATION:</p> <p>_____</p> <p>_____</p> <p>27. ADMISSIBILITY BY A SUPERVISOR</p> <p>The case is admissible <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>Determined by (Name): _____</p> <p>Signature: _____ Date: _____</p>
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