



P.O. Box 8795 Mbabane, Swaziland
Tel: 2404 9829 /24049759/79406011
Fax: +268 2404 9374

COMPLAINT FORM

REGION OF COMPLAINANT:
CITY/TOWN:
REFERENCE NO:

PART A

DEMOGRAPHIC INFORMATION	
Full name(s):	Surname:
Nick names (if any):	Gender:
Identity number:	Age:

PART B

CONTACTS INFORMATION
Residential address:
Email address:
Contact details (Cell, Work & Home):

PART C

NEXT OF KIN INFORMATION
Name & Surname:
Relationship with the complainant:
Contact details:

Artificial Persons

DETAILS OF ASSOCIATION, ORGANISATION OR ORGAN OF STATE

Full name: _____

Physical address: _____

Function : _____

Contact numbers: _____

PART B

THE COMPLAINT

1. Date it happened _____

2. Is it still happening? _____

3. Where did it happen?

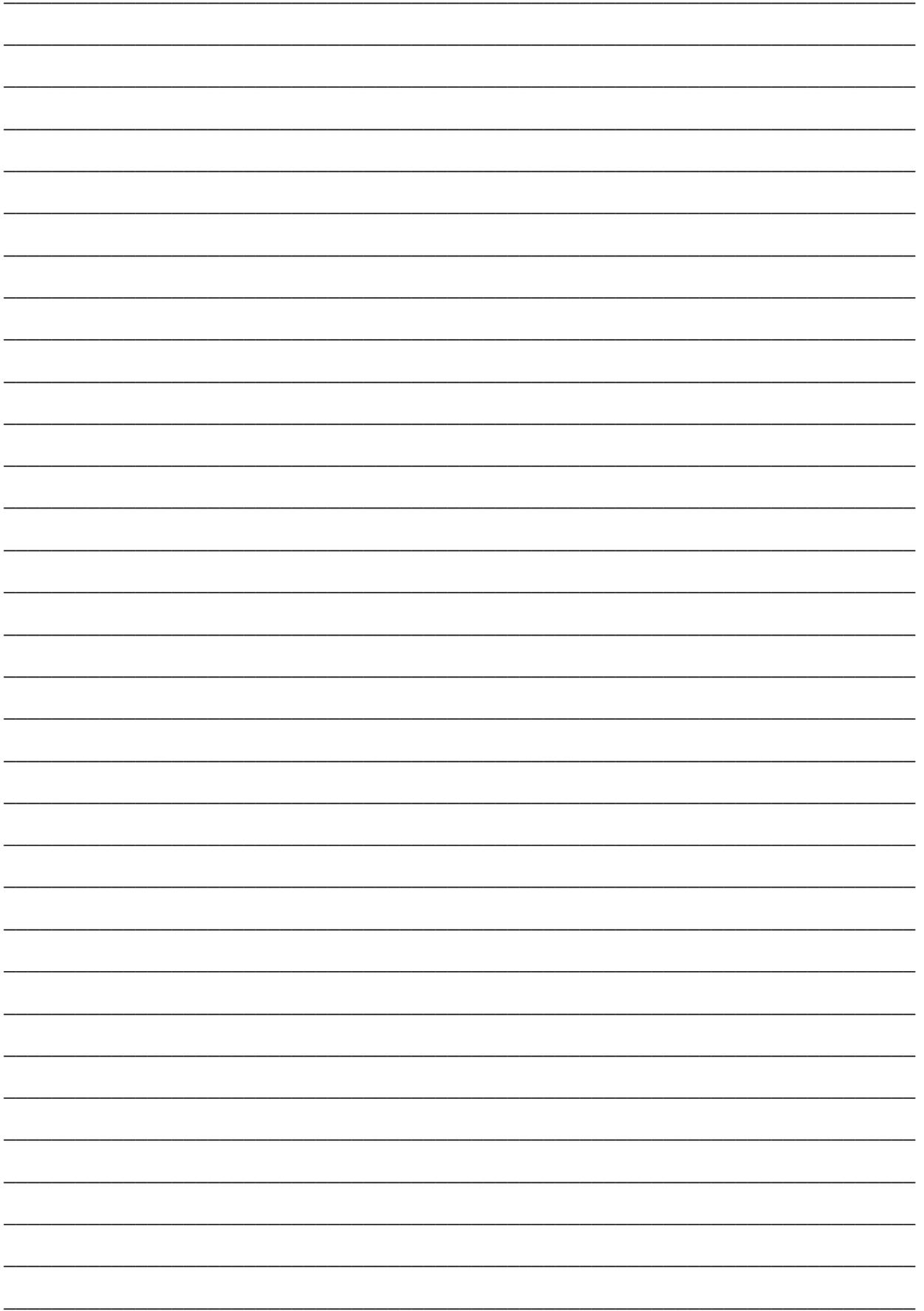
a) Place: _____

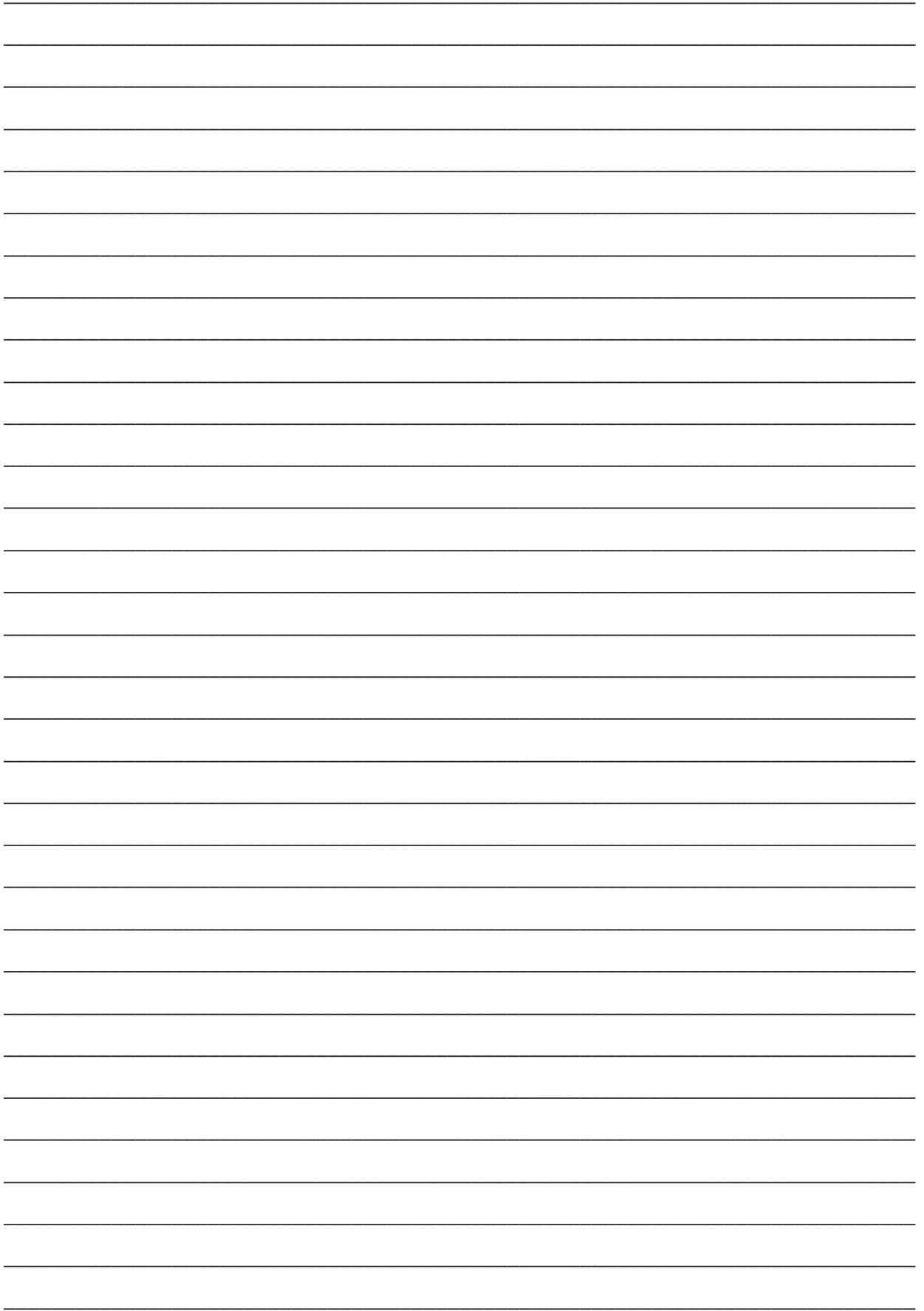
b) Town/City: _____

c) Region: _____

4. If you know, which right(s) in the Constitution was/were violated or is/are being violated?

5. Respondent/s and their contacts





Complainant's Signature _____ **Date** _____

Examiner _____ **Signature** _____ **Date** _____