NATIONAL HUMAN RIGHTS COMMISSION

POLICE COMPLAINTS DIVISION

COMPLAINT FORM

The form may be filled in *English, French, or Creole* and shall be forwarded to the Secretary, National Human Rights Commission, 2nd Floor, Renganaden Seeneevassen Building, Jules Koenig Street, Port Louis.
Tel No: 208-2856, Fax No: 2115776, 2082858 – Email Address: mhrcdbs@intnet.mu , nhrc@mail.gov.mu

1. Surname:…… **Other Names**:……

2. ID : ☐☐☐☐☐☐☐☐☐☐☐☐☐☐ **M** ☐ **F** ☐

3. Address:……...…

4. Email: …….. **Occupation**:……...

5. Phone No:…… **Mob No:** ……..……..

6. Complaint against *(Names of Police Officers if they can be identified)* i)……...……..
ii)……...……...……..
iii)……..……

7. Police Station/Unit: ……..……..

8. Nature:		**Service Delivery:**		
Contravention	☐	Declaration not taken	☐	Others ☐
Private Dispute	☐	No Search Warrant	☐	
Verbal Abuse/Insult	☐	Delay in Enquiries	☐	
Assault	☐	Pretrial Detention	☐	

9. Date and Place of Occurrence: …… **Time**: …….

10. Witnesses *(if any): (Name, Address and Contact Number)*

i) ……

ii) ……

11. Occurrence: *(Brief Summary)* ……

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12. Injuries sustained *(if any):* ……..

13. PF 58 issued? ☐ **Hospital Attended**: …… **Date:** ……..….

14. Counsel *(if any)* ……

Date:…….. **Signature**:……...

Name of NHRC/PCD Officer: .....……..

NATIONAL HUMAN RIGHTS COMMISSION

STATEMENT OF:……..……. TEL:……...….....

ADDRESS:…….…….….

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