FORM
Complaints to Human Rights Commission
(*Section 4 – The Protection of Human Rights Act 1998*)

Note: The form may be filled in English, French or Creole and shall be forwarded to the Secretary, Human Rights Commission, 2nd Floor, Renganaden Seeneevassen Building, Jules Koenig Street, Port Louis, Tel No.: 208-2856/57.

FULL NAME:………………………………………………
………………………………………………
………………………………………………

ADDRESS:………………………………………………
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………………………………………………

TELEPHONE NO.:………………………………………………
………………………………………………
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NATIONAL IDENTITY NO.:………………………………………………
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Nature of Complaint
(If it is a breach of a Fundamental Right, please state which right has been breached)

…………………………………………………………………………………………………..
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…………………………………………………………………………………………………..
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Institution complained against:………………………………………………………………..

Details
Please give date, time, place, etc. (Additional sheets may be attached to this form)

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Please specify if this complaint has already been submitted to the Ombudsman and/or to the Complaints Investigation Bureau of Police Department and give the date of submission.

…………………………………………………………………………………………………..

Date: …………………….. Signature:…………………..