



THE NATIONAL HUMAN RIGHTS COMMISSION

P. O. Box 2858, Serrekunda, National Secretariat, Kotu, The Gambia
 Tel: (220) 7059120, (220) 7777654;
 Email: es@gm-nhrc.org; Website: www.gm-nhrc.org

COMPLAINTS REGISTRATION FORM

Case Number	Date of Receipt
NHRC	DD MM YY

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

19. How did you know about NHRC?

- Press Social Media Radio TV From a Friend

Other _____

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*):

if you need more space please ask for more paper.

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 or public authorities. Please state the claims made, when they were made and what the outcome was):

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

8. Request for confidentiality: Please note that if your complaint complies with the Commission's admissibility criteria, it will be shared with the respondent to give them an opportunity to respond to the allegations of violations. Please state whether you would like to request that your identity or specific information in the complaint be kept confidential.

YES NO

9. Please indicate which information you would like to be kept confidential?

Signature and date (or thumb print): _____

24. CONFIDENTIALITY CLAUSE

I a Complainant/representative of _____ in a matter brought before the National Human Rights Commission of The Gambia, 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: _____ 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/ OTHER:

27. ADMISSIBILITY BY A SUPERVISOR

The case is admissible Yes No

Determined by (Name):

Signature: _____ Date: _____