# COMPLAINTS REGISTRATION FORM

<table>
<thead>
<tr>
<th>Case Number</th>
<th>Date of Receipt</th>
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<tbody>
<tr>
<td>NHRC</td>
<td>DD</td>
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<table>
<thead>
<tr>
<th>1. Title</th>
<th>2. First Name</th>
<th>Middle Name</th>
<th>Last Name</th>
<th>Other Names</th>
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<tbody>
<tr>
<td>Single</td>
<td>Identity Card</td>
<td>Name</td>
</tr>
<tr>
<td>Married</td>
<td>Passport</td>
<td>Relationship</td>
</tr>
<tr>
<td>Widowed</td>
<td>Driver’s Licence</td>
<td>Address</td>
</tr>
<tr>
<td>Divorced</td>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Separated</td>
<td>Identification</td>
<td>Contact Phone</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td>Email</td>
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<tr>
<th>12. Physical Address</th>
<th>Alternative Address</th>
<th>Postal Address</th>
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19. How did you know about NHRC?

- [ ] Press  - [ ] Social Media  - [ ] Radio  - [ ] TV  - [ ] From a Friend

Other: ___________________________
20. Have you ever brought a case to the NHRC?  YES  NO

If Yes, please indicate the Reference Number. _________________

21. Please indicate if the NHRC 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 the box with an X)

I am the victim of….?  □ Human Rights violations | □ Others
I am submitting on behalf of a victim of….?  □ Human Rights violations | □ Others

23. If you are submitting the complaint on behalf of someone, please indicate:

   a) Your relationship to that person(s): _________________

   b) Has the person(s) agreed to be represented by you?  □ Yes | □ No

   c) Please explain why you are representing the person(s): 

      __________________________________________________________

      __________________________________________________________

      __________________________________________________________

   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):

   ______________________________________
   ______________________________________
   ______________________________________
   ______________________________________
   ______________________________________
   ______________________________________

   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: ________________