



Commission for the Promotion and Protection of the Rights of Cultural, Religious and Linguistic Communities.

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Braamfontein, Johannesburg  
Private Bag X 90 000, Houghton, 2041

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www.crlcommission.org.za

## COMPLAINT FORM

*Use your own language of choice. If there is not enough space on this form for your response, please use a separate piece of paper and send it to us together with this form. Send the Form to the address above*

### 1. Your Details

First Name(s) \_\_\_\_\_  
Surname \_\_\_\_\_  
From which community? \_\_\_\_\_  
Province \_\_\_\_\_

### 2. Your address and contact details

Physical address \_\_\_\_\_  
\_\_\_\_\_

Postal address or address  
where letters can be sent to you \_\_\_\_\_  
\_\_\_\_\_

Tel or cell \_\_\_\_\_  
Fax number \_\_\_\_\_  
E-mail \_\_\_\_\_  
Preferred means of  
Communication \_\_\_\_\_

### 3. Is this complaint from a community?

Which community \_\_\_\_\_  
\_\_\_\_\_

### 4. Cultural, Religious or Linguistic Right violated

Tell us what happened (include the place, province and the month when it happened, and the name and contact details who violated the right)

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\_\_\_\_\_

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**5. Is this problem still happening?** (mark appropriate box)

Yes

No

**6. Do you have witnesses? If so, please provide their names & contact details**

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**7. Have you reported this case to anyone else?**

Yes

No

If yes, where was it reported? (For example, - Police, Lawyers, Public Protector, Human Rights Commission, South African Heritage Resources Agency, Provincial Heritage Resources, etc)

**8. How did you hear about the CRL Rights Commission (from a friend, from an ngo or cbo, radio advert, newspaper or poster)**

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**9. Any disability/Impairment (IF YES, please specify)**

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**10. Literacy level (please specify)**

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**11. The address, mobile and email address of the person or organization complained about:**

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12. Signed at ----- on -----

Signature -----

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**FOR OFFICIAL USE**

**Complaint Number:** \_\_\_\_\_

**Date received** : \_\_\_\_\_