Commission for Gender Equality

Physical address:
2 Kotze Street
Women's Jail, East Wing
Constitution Hill
Braamfontein
South Africa
2017

Postal address:
P O Box 32175
Braamfontein
2017

Tel: 011 403 7182
Email: Gender-enquiries@cge.org.za

COMMISSION FOR GENDER EQUALITY

COMPLAINT FORM

For office use only

Province:		Reference No/File Number	

Please write clearly and use **CAPITAL LETTERS.** If there is not enough space on this form for your answer, please use a separate page and send it to us together with this form.

If there is more than one person who would like to send a complaint to us, each person must complete a separate form.

PART A: YOUR DETAILS

Name and surname	
ID Number	
The address where we can send letters to	
Cell phone number	
E-mail address	
Telephone number at home	

PART B: THE COMPLAINT

1. Date:

On what date did the incident happen _____

2 Where did it happen:

Place _____ Town/City _____ Province _____

_____

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3. If you know, the full name(s) and surname(s) of person(s), association, organisation or organ of state who violated these rights, please tell us

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4. In your own words, tell us exactly what happened (if you have more information to provide that the space available on this form, please continue on a separate page)

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5. Have you reported this complaint to another institution/authority/office/organ of state?

Yes _____ No _____

If yes, which office? _____

6 Were any steps taken by the institution/authority/office/organ of state to resolve the matter?

Yes _____ No _____

If yes, please tell us what

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7. What outcome do you propose or expect from this complaint (tell us what you would like to achieve with this complaint and the relief sought)

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*******NOTE: after receiving your written complaint, the Commission for Gender Equality shall notify you in writing within a period of ten (10) working days whether your complaint falls within the mandate of the Commission. Should your complaint be rejected, you have the right to appeal the decision by writing to the Commission for Gender Equality within thirty (30) working after receiving the letter rejecting the complaint. All appeals should be addressed to the Head of the Legal Department fax : 011 403 7188 or Postal Box : P O Box 32175, Braamfontein, 2017.**

By completing, signing, and submitting this prescribed complaint form, the complainant undertakes and gives consent for the Commission to use the information provided for the intended purposes and for those purposes only. The complainant has the right to withdraw the complaint at any time and has the right to contact the designated Information Officer of the Commission in terms of the Protection of Personal Information Act of 2013, should they require any further information."

Please sign and date the form:

Complaint's Signature: …… **Date: ……**

(**Append CGE Stamp here):**

COMPLAINANT

Remember:

To attach a copy of your ID, birth certificate, passport or proof of the registration number of an association, organisation or organ of state, if available.

To attach any copies of documents which can assist in this matter.

If you need any help to fill in this form, please contact one of our Legal Officers at the nearest Provincial CGE office on the details below.