

Complaint No.

For the Official Use Only

THE REPUBLIC OF UGANDA
THE UGANDA HUMAN RIGHTS COMMISSION

COMPLAINT FORM

(I)

1. INFORMATION ABOUT THE COMPLAINANT

- (a) Names
- (b) Place and date of birth.....
- (c) Nationality.....
- (d) Profession/Occupation
- (e) Present Address

(II)

2. Are you complaining as:-

- (a) A victim of the violation or violations stated below ☐
or
- (b) Appointed Representative/Legal Counsel of the alleged victim(s) ☐
- (c) Other ☐

3. If box (c) above is marked please explain and or state:-

- (a) In what capacity are you acting on behalf of the victim(s)
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- (b) Why the victim(s) is/are unable to submit the complaint personally ?
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.....
- (c) Name of the Victim.....
- (d) Nationality of Victim
- (e) Whether Victim is Adult or Minor
- (f) Present address or whereabouts of Victim

(III)

PARTICULARS OF THE PERSON(S)/INSTITUTION
COMPLAINED AGAINST

(a) Name of Persons, Institutions against whom the Complaint is made:-

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(b) Address (if known)

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FACTS OF THE COMPLAINT

Please give detailed description of the facts of the alleged violation or violations including relevant dates.
If the space provided is not enough add as many pages as needed for description.

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Signature of the Person lodging the Complaint

DATE