

## **OFFICE OF THE OMBUDSMAN**

## **REPUBLIC OF NAMIBIA**

## **COMPLAINT FORM**

Re	ceived by:		Date:							
Su	rname:			ID No:						
Na	Names:									
Postal Address:										
			T							
Tel No: Fax No:				Cell No:						
Email Address:										
Salary Ref No:										
Date forwarded to ARU:										
	In writing	In pe	rson	Telephone		Referred		Intake clinic		
⊗ Complaint Information ⊗										
Institution:										
Complaint Substance:										
•••••••••••••••••••••••••••••••••••••••										
••••										
••••										

Remedy sought by complainant:								
••••••	•••••							
••••••	•••••							
Documents attached								
••••••	••••••							
Actions taken by investigator, if any:								
•••••								
Signature: Date:								
Date forwarded to Chief Investigator: Signature:								
Assessment by Chief Investigator (please mark)								
Mandate	Category	Proposed action						
Human rights	Enquiry	Provide Information						
Administration	Non-jurisdictional	Refer to institution for investigation						
Corruption	Jurisdictional	Refer Complainant to appropriate institution						
Environment		Information						
		Investigation Decline						
		-						