



ENQUIRIES FORM

Note: The form may be filled in English, French or creole and shall be forwarded to the Seychelles Human Rights Commission, Bel Air Complex, Mahé.

Full Name:	Local Address:
Date of Birth:	Country of Residence:
Telephone of contact persons:	Email address:
Nationality:	National Identity Number/Passport Number:
Spoken Language:	(Sex/Gender)? (For statistical purposes only)

Please specify if this complaint has already been submitted to any other institution or body for e.g.

- Ombudsman Judiciary Truth and reconciliation commission
 Tribunal Anti-corruption commission Police
 other(specify):

Brief description of the complaint

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Date..... Signature.....

OFFICIAL USE

Information Provided by the Commission

[Empty rectangular box for information provided by the Commission]

ENQUIRY NUMBER:.....

HUMAN RIGHTS STAFF MEMBER:

DATE RECEIVED:

DATE INFORMATION PROVIDED:.....

SIGNATURE: