



The National Assembly of Seychelles
The Secretariat

ANTI-VICTIMISATION COMMITTEE

GRIEVANCE FORM

COMPLAINANT'S DETAILS

Full name (s) :

NIN: _____

Age: _____

Sex: Male [] Female []

Marital Status: _____

DOB: _____ Nationality: _____

Address: _____

Phone number: _____

Email Address: _____

Name of Respondent / Name of organization: _____

Postal Address: _____

Email Address: _____

Phone Number: _____

Please specify nature your complaint (s)(Type of victimisation):

Political []

Sexual []

Others, please specify: _____

Please give details of your complaint along with any additional materials:

Please tick the type of remedy you are seeking from us:

Payment of legal benefits []

Re-imbusement of legal benefits []

Compensation []

Others, please specify _____

.....
Signature of Complainant

.....
Date

NOTE: If you have previously initiated grievance procedures before any other Authorities, please attach all related document(s) upon submission of this form.

FOR OFFICIAL'S USE ONLY

Date Received: Day / Month/ Year

Received by:

Designation:

CONSULTATION INFORMATION

Date(s) of consultation: Day Month Year

Result of consultation:

FOLLOW-UP

Comments / Remarks
