Make a Tip-off Date:

Please complete the following, if possible all fields, add in where possible.

***Person Involved or Company, Department Involved***

 Name:

Address:

Province:

City:

Country: South Africa

Contact no:

***Allegation Details***

 Allegation Date:

Where did this take Place?

 Nature of allegation:

 Allegation Other:

 Allegation time:

 Allegation Details:

 Name (s) of Perpetrator (s):

 Name (s) of Witness (es):

***Documentary Evidence / Proof of Allegation***

 Supporting Evidence: i.e. photos, recordings, physical items, doctor’s report, assault report.

 Specify:

 Evidence forwarding: by post, fax, email, by hand.

 Evidence description:

***Further Details***

 Were you present?

 Did this happen to you?

 Do you feel in physical danger?

 Do you require additional Help?

 If so Brief description:

***Tip-off Tracking details***

Nick name or no deplume:

 Security Question:

 Answer:

 Confirm Answer

 Method of contact/ feedback:

Submit

Please Contact the call centre, one hour after submitted, to confirm receipt and if immediate help is required.

On “081-578-6599”