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](mailto:ylstcentre@iburst?subject=Submit%20Tip-Off)

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

On “081-578-6599”