

Human Rights Violations Form



Location Name and Number: #

Date: DD/MM/YYYY

Client Register		Date of incident	Gender (M, F, T)	Data Consent	Commodities/Medication Related						Other				Who?				Form number of detailed statement	Further Detail or Comments
Manual PID	Name/Pseudonym				New Needles broken	Needles Confiscated	Packs confiscated	Arrested: Used Needles	Arrested: new needles	Medication removed	Detained w/o cause	Assaulted	Arrested: Not processed	Forced to pay fines / bribes	SAPS	Metro Police	CID	Priv. Security		
1																				
2																				
3																				
4																				
5																				
6																				
7																				
8																				
9																				
10																				

Signed 1:	<input type="text"/>	Date:	<input type="text"/>
Signed 2:	<input type="text"/>	Date:	<input type="text"/>
Form Completed by:	<input type="text"/>	DD/MM/YYYY	
QC done by:	<input type="text"/>	DD/MM/YYYY	
Data Entered:	<input type="text"/>	DD/MM/YYYY	

Comments:

