



REPUBLIC OF SOUTH AFRICA

FORM 2**INSTITUTION OF PROCEEDINGS IN TERMS OF SECTION 20 OF THE PROMOTION OF EQUALITY AND PREVENTION OF UNFAIR DISCRIMINATION ACT (ACT NO. 4 OF 2000)
[Regulation 6 (1)]**

- Note: 1. Affidavits of other persons or other documentary evidence in support of the matter must be attached.*
- 2. Your attention is drawn to the fact that the equality court may refer the matter to an alternative forum. If the matter is referred back to the equality court the clerk will inform you accordingly.*

[If the space provided is inadequate, submit information as an Annexure to this form and sign each page.]

PART A: PARTICULARS OF COMPLAINANT (to be completed if lodging complaint on own behalf)					
Surname:					
Full names:					
ID. No./Date of birth:					
Residential address:					
		Code ()			
Residential telephone number:					
Cellular telephone number:					
Work address:					
		Code ()			
Work telephone number:					
Fax number:					
Physical address (where documents can be served):					
		Code ()			
Preferred method in which the form is to be served:	Registered post	E-mail	Fax	Sheriff	Clerk
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Correspondence contact details (In terms of above):					
E-mail address:					
Other relevant information (such as financial position, availability of transport, socio-economic status, if an interpreter will be needed and if special requirements are needed e.g. wheelchair access) which may assist the presiding officer to make a decision regarding the forum which must deal with the complaint in terms of the Promotion of Equality and Prevention of Unfair Discrimination Act, 2000 (Act No. 4 of 2000):					

PART B: PARTICULARS OF PERSON ACTING IN TERMS OF SECTION 20(1)(b) - (f) ON BEHALF OF ANOTHER PERSON/ASSOCIATION/BODY (Proof of capacity of person acting in terms of section 20(1)(b) - (f) to be attached)

Surname:					
Full names:					
ID. No./Date of birth:					
Capacity of person acting in terms of section 20 (1) (b) - (f):					
Registration number of corporate body:					
Residential address:					
Code ()					
Residential telephone number:					
Cellular telephone number:					
Work address:					
Code ()					
Work telephone number:					
Fax number:					
Physical address (where documents can be served):					
Code ()					
Preferred method in which the form is to be served:	Registered post <input type="checkbox"/>	E-mail <input type="checkbox"/>	Fax <input type="checkbox"/>	Sheriff <input type="checkbox"/>	Clerk <input type="checkbox"/>
Correspondence contact details (In terms of above):					
E-mail address:					
Name(s) and address(es) of person(s) on whose behalf you are acting.					
Code ()					

PART C: PARTICULARS OF RESPONDENT(S) (The under mentioned particulars should be furnished in respect of each respondent.

Name of person(s)/organization(s) against whom/which proceedings are instituted:

ID. No./Date of birth/
Registration No.:

Residential address (if applicable):

Code ()

Residential telephone number:

Cellular telephone number:

Work/Business address:

Code ()

Work telephone number:

Fax number:

Preferred method in which the
form is to be served:

Registered post

E-mail

Fax

Sheriff

Clerk

Correspondence contact details
(In terms of above):

Physical address (where documents can be served):

Code ()

E-mail address:

PART D: PARTICULARS OF PERSON APPEARING ON BEHALF OF COMPLAINANT

Full names and surname of person appearing on your behalf: (representative)

ID. No./Date of birth:

Postal address of representative:

Code ()

Residential telephone number:

Cellular telephone number:

Fax number:

E-mail address:

PART E: PARTICULARS OF COMPLAINT AND RELIEF SOUGHT

Nature of complaint: (Please give full details of the complaint, the date of the incident(s) and the particulars of possible witnesses. Also indicate which right has been violated and the reasons why you think such right was violated.)	
How has it affected you?	
Documents: Are there any documents to substantiate your complaint (e.g. pay slips, references, records of conversations) to substantiate your claim? (If so please attach.):	
Relief sought: (Please indicate what assistance you require. The court may make an interim order, declaratory order, an order for the payment of damages, an order that an unconditional apology be made etc.)	

PART F: PARTICULARS OF INSTITUTIONS/BODIES APPROAVHED

Particulars of institutions/bodies previously approached in respect of the complaint:	
The response of the institutions/bodies mentioned above:	

Signed atthis.....day of..... year

.....
Signature of Complainant/Representative of class of persons/institution/organisation

PART G: AFFIDAVIT

I certify that before administering the oath/affirmation, I asked the deponent the following questions and wrote down his/her answers in his/her presence:

(1) Do you know and understand the contents of the declaration?

Answer:.....

(2) Do you have any objection to taking the prescribed oath?

Answer:.....

(3) Do you consider the prescribed oath to be binding on your conscience?

Answer:.....

I certify that the deponent has acknowledged that he/she knows and understands the contents of this declaration. The deponent uttered the following words: "I swear that the contents of this declaration are true, so help me God."/" I truly affirm that the contents of the declaration are true." The signature/mark of the deponent was affixed to the declaration in my presence.

.....
Commissioner of Oaths

Full first names and surname

.....
.....
.....

(Block letters)

Designation (rank).....Ex Officio Republic of South Africa

Business address.....

.....Code.....

(Street address must be stated)

Date:.....

Place.....