



REPUBLIC OF BOTSWANA

OMBUDSMAN COMPLAINT FORM /
FOMO YA GA MOSIRELETSI YA NGONGOREGO

For Official Use

Date Received:

Received By:

<i>Date Received:</i>	<i>Investigator's Name:</i>	<i>Case No.:</i>

Please Note:
(Ela Tlhoko)

Write clearly
Kwala mo go thapileng

1. Name & Surname
(Leina le Sefane)
2. Sex
(Bong)
3. Identity Document/Passport
(Omang)
4. Date of Birth
(Matsalo)
5. Postal Address
(Nomoro ya Poso)
6. Residential Address
(Nomoro ya Ntlo/Kgotla)
7. Telephone Number (Work)
(Nomoro ya Mogala kwa Tirong)
8. Telephone Number (Home)
(Nomoro ya Mogala kwa Gae)

9. Who is the complaint?
 (yourself or someone else)
 (Please give details)
(Mongongoregi ke mang?)
(A ke wena kgotsa jang?)
- Mr/Mrs/Miss**
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-
-
10. His/Her Address and Telephone
 number(s)
**(Aterese le Dinomoro tsa mogala
 tsa mongongoregi)**
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11. Name of the Ministry, Department or
 Organisation you are complaining about
**(Leina la lephata kgotsa lekalana
 le o ngongoregang ka lone)**
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12. Who should we talk to on enquiry?
**(Re bua le mang fa re dira
 ditlhotlhomiso?)**
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-
13. What position is he/she holding?
 e.g. supervisor, head of dept (etc)
(Maemo a gagwe ke eng mo tirong)
- Position/Maemo**
-
- Telephone(s)/Mogala:**
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14. How did you know about the Office
 of the Ombudsman/Public Protector
 (radio talk shows, newspapers,
 billboards, friends etc?)
**O itsile jang ka ofisi ya Mosireletsi
 (puisano tsa seromamowa, dipampiri
 tsa dikgang, ditsala, jalo jalo?)**
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